



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

**An investigation of the impact of the COVID-19 pandemic on traditional operations of
Early Childhood Development Practitioners in Diepsloot, Gauteng Province**

Department of Social Work

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**In partial fulfilment of the requirements for the degree Master of Arts by Course Work
and Research Report in the field of Occupational Social Work**

By

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Research Report

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DECLARATION

I hereby declare that this research report is my own original and unaided work and that all sources used have been properly cited. The ethics protocol number is 2697829. This research report has never been submitted before for any degree or examination.

Signature:



Amanda Motsikoe

Date: 2 September 2024

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ABSTRACT

COVID-19 virus was initially detected late in 2019, in Wuhan, China. COVID-19 continued to spread relentlessly, it then necessitated the World Health Organisation (WHO) to characterize it as a pandemic and emphasised the gravity of the situation so that the countries could put measures in place to curb the scourge of this new vicious pandemic. The Early Childhood Centres (ECDs) were among the services that were adversely impacted by the COVID-19 pandemic and lockdown. It is therefore against this background that this study was conducted to investigate the impact that COVID-19 had on the traditional operations of ECD practitioners (Early Childhood educators). To gather data, the researcher used a qualitative research method. Ten (10) participants were purposively sampled from the population of ECD Practitioners who were employees in the ECD sector pre- and post-COVID-19 pandemic. Data was collected through focus group discussion; field notes and recordings were taken. A thematic analysis was used to analyse and interpret the data collected. Theoretically, the study is informed by the Systems Theory and Person-in-environment approach (PIE). The main findings discovered are that; transitioning from face-to-face learning to online learning happened haphazardly with minimal resources, and no training was provided. The COVID-19 pandemic brought so much distress into the lives of ECD practitioners at a professional level and increased the workload with minimal resources. It is recommended that an emergency/disaster framework be developed and creating a hybrid teaching system for both classroom and technological environment is recommended.

Keywords: COVID-19, Impact, ECDs, Practitioners, Traditional operations.

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ACRONYMS AND ABBREVIATIONS

AIDS-Acquired Immunodeficiency Syndrome.

COVID-19- Coronavirus Disease

DoE- Department of Education

ECD-Early Childhood Development

ECE-Early Childhood Educators

ECCE- Early Childhood Care and Education

ECEC-Early Childhood Education and Care

ECDSRF-Early Childhood Development Employment Stimulus Relief Fund

Gauteng Department of Education

HIV- Human Immunodeficiency Virus

PHEIC- Public Health Emergency of International Concern

PIE-Person in Environment

PTSD-Post Traumatic Stress Disorder

SARS-CoV-2-Severe Acute Respiratory Syndrome Coronavirus 2

SEL- Social-Emotional Learning

Stats SA- Statistics South Africa

WHO- World Health Organisation

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION/BACKGROUND OF THE STUDY

The outbreak of novel severe acute respiratory syndrome coronavirus (SARS-CoV-2), also known as COVID-19 surfaced in late 2019 with its origins in China (Güner et al., 2020). SARS-CoV-2 succeeded in making its transmission from animals to humans in the Huanan seafood market in Wuhan, China (Velavan & Meyer, 2020). “The virus that causes COVID-19 is thought to spread mainly from person to person, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs” (Güner et al., 2020, p. 571).

COVID-19 was proclaimed as an international public health emergency (PHEIC) on 30, January 2020, and on 11 March 2021, it was declared a pandemic (World Health Organisation, 2020). At that stage, South Africans were observing the deadly virus at a distance, in countries like China, Italy, and other parts of Europe, so many lives were taken away within a short time. It was only a matter of time before COVID-19 reached South Africa. The first case of the coronavirus in South Africa was confirmed on the 05th of March 2020 when it was reported that a South African male who travelled from Italy was confirmed positive for COVID-19.

Coronavirus was not easy to contain due to the way it presented itself, there were people reported as asymptomatic and these are people who lack symptoms of SARS-Cov2 (Savvides & Siegel (2020), and those who are symptomatic, who would show symptoms after 14 days of contracting the virus (World Health Organisation, 2020). In the South African context, people live in confined spaces and proximity, and therefore the spread of the virus could not be controlled.

COVID-19 is the biggest challenge in South Africa considering its historic background of apartheid and its aftermath. “There are high levels of trauma exposure, with lifetime exposure to at least one potentially traumatic event for 73.8% of the general population”(Atwoli et al., 2013, p.4). South Africa is a country in distress and therefore mental health issues such as post-traumatic disorder(PTSD), grief, anxiety and depression are most prevalent and a concern for public health (Naidu, 2020). Such vicious disease such as COVID-19 could cause emotional distress and anxiety (Montemurro, 2020).

There was quite a lot of information during that time which could have resulted in many suffering from mental health for instance, South Africans were notified of the vulnerable groups such as those with comorbidities, and the elderly, and on another side, the children were seen as carriers of the virus and that caused so many anxieties to the families. The COVID-19 infections kept on rising and the South African government was forced by the circumstances to enact a national lockdown which was announced from 27 March 2020. “This lockdown includes measures such as the complete closure of childcare centres, institutions of primary and higher education as well as public leisure activities, severe physical distancing rules, an estimated 70% reduction of shopping, 85% of the on-site workforce, and a 90% reduction in other activities” (Schröder et al., 2021, p.2).

This was a huge shift for all South Africans. The Early Childhood Centres too were forced to change their traditional way of doing things into a new normal and that included the way they were delivering their services. The learning process had to happen during the lockdown and therefore new methods of teaching and learning such as online services had to be introduced and implemented (Ferri et al., 2020). It was not a pleasant time for the South African population who lived below the poverty line during the lockdown. So many have not only lost their loved ones, but companies could not survive beyond COVID-19, and therefore many lost their jobs. South Africa is a country characterised by high levels of poverty with many families residing in congested households (Güner et al., 2020). Generally, there was a concern amongst the members of society that people would not die of Coronavirus but rather from hunger which struck so many households at the time.

1.2 STATEMENT OF THE PROBLEM AND RATIONALE FOR THE STUDY

“Education is a basic human right and fundamental to building life-long learning and economic opportunities” (Atmore et al., 2012: p. 123). Education during the COVID-19 pandemic came to a halt as different countries went on lockdown. According to Nkomo et al., (2023), this included 30 000 Early Childhood Development (ECD) centres about 100 000 teachers. “The closure of ECD programmes had the potential to disrupt about 2.3 million households, the lives of nearly 6-7 million adults residing with children aged 0-6 and may have affected as many as 3.0 million children aged 0-6 who were attending these programme in 2018” (Wills et al., 2020a, p.18). ECD plays an important role in preparing primary education (Atmore et al., 2012). The whole ECD sector was hardly impacted or disrupted by the existence of the pandemic. “Education can be an instrument that enhances an individual’s ability to reach their full

potential” (Mbarathi et al., 2016 p. 15). The ECD centres had to remain closed for a longer period even after some of the measures were relaxed. The opening of the ECD centres was delayed because the opening of the economy was gradual and in phases (Wills et al., 2020). Upon the opening of the ECD centres, there was a wide range of protocols that needed to be observed such as social distancing, shifting from classroom learning to online learning, constant washing of hands, wearing of masks, etc.

Some of the ECDs were efficient in their operations despite the prevailing COVID-19 challenges. As a result, those ECDs managed to operate optimally and sustained their operations. However, other ECDs could not operate at this level and beyond thus creating dire challenges for them. According to Wills et al., (2020 p. 2), most ECD programmes operate as small businesses charging fees to 80% of children aged 0-6 years attending these programmes. In the absence of these fees, it is unclear how long these operators will be able to remain afloat. This study gives an insight to the policy developers of what transpired in the ECD sector during the COVID-19 pandemic, for instance, it has been confirmed from the data collected that there were significant inefficiencies in terms of the distribution of the resources to the ECD practitioners during the COVID-19 pandemic. The findings highlighted in the study would assist in planning for better coordination of services provided to the ECD sector and the equal distribution of resources to all the ECD practitioners with no exclusions.

1.3 RESEARCH QUESTIONS

- What were the experiences of the ECD practitioners pre- and post-COVID-19?
- Was there any form of support services provided to Early Childhood Development (ECD) CD practitioners before and after COVID-19?
- Were the support services provided effective in addressing the needs of the ECD practitioners?

1.4 AIMS AND OBJECTIVES

The study’s primary aim is to investigate the impact of COVID-19 on the traditional operations of ECD practitioners, in Diepsloot, Gauteng.

THE OBJECTIVES ARE:

- To explore the experiences of ECD practitioners pre- and post-COVID-19.
- To determine the availability of support services that were provided for ECD practitioners pre- and post-COVID-19.
- To assess and evaluate the effectiveness of support services in addressing the needs of the ECD practitioners.

1.5 BRIEF DESCRIPTION OF THE RESEARCH METHODOLOGY AND METHODS

The research approach adopted to address the research question is the qualitative method. This method assisted the researcher in understanding the in-depth situation that the ECD practitioners had endured during the COVID-19 pandemic. A case study design was used by the researcher. Case studies can be particularly useful for producing theory and new knowledge which may inform policy development (Roestenburg et al., 2021, p. 14).

The researcher sampled five (5) ECD centres to partake in the study. The primary purpose of sampling is the selection of suitable populations (or ‘elements’) so that the focus of the study can be appropriately researched (Lopez & Whitehead, 2013). Non-probability sampling was found as the most suitable method to use for this study. The purposive technique has also been utilised to guide and create criteria for the participants to be recruited for the study. Pretesting of the study was done with 4 participants to establish the effectiveness of the method chosen by the researcher.

Focus group discussions were used for the collection of data. Whitehead (2013) indicates that focus groups offer a collective set of values, experiences, and observations of participants that were later interpreted in context. They potentially offer supportive group interactions as each member is encouraged to identify, describe, analyse, and resolve issues (Morgan 1997; Krueger & Casey 2009). For the analysis of the data, the researcher used thematic analysis and coded the data using the objectives. In analysing the data, the researcher initially went through the data collected, generated themes which stemmed from the data collected, searched for themes and defined the emerging themes to produce a report (Roestenburg et al., 2021). To ensure trustworthiness the researcher adopted transferability, credibility, dependability, and confirmability. The Wits Ethics Committee Non-Medical ethically approved this study.

1.6 LIMITATIONS AND DELIMITATIONS

“Limitations are factors, usually beyond the researcher’s control, that may affect the results of the study or how the results are interpreted ” (Baron, 2008). The study faced several limitations that may have impacted the findings and generalizability of the results. The research study was conducted with a small sample size of 10 ECD practitioners from Diespsloot, which limits the ability to generalize the findings to all ECD centres in different contexts or provinces. Purposive sampling may have introduced selection bias, as participants were chosen on specific criteria, potentially excluding diverse perspectives that could have enriched the study’s insights. Qualitative research inherently involves subjective interpretation, and despite efforts to maintain objectivity, the researcher’s biases may have influenced data analysis and interpretation. Additionally, the study also relied on self-reported data, which could be affected by social desirability bias, where participants may present themselves in a more favourable light. The study’s focus on a single geographic area and specific population limits the transferability of the findings to other settings or populations. Finally, focus group discussions may have been more time-consuming because of lengthy talks from the participants.

The researcher divided the 10 sampled participants into two groups with five participants per discussion group, however, some participants had other commitments during the initial group discussion and could not attend. The researcher had three participants for the 1st group and 7 participants for the last discussion group. The researcher deviated from the initial plan that was set on a proposal that the group would be divided into two equally. The discussion group was going to take place at the Community Hall which the researcher thought is easily accessible to everyone and is close to the public roads for travelling, however as the time was nearing the participants complained that the identified venue was far from many. The researcher changed the initial venue and managed to secure a venue that was a central point for all the participants.

The study focused on the experiences of ECD practitioners during the COVID-19 pandemic. Even though COVID-19 has affected all the provinces across all the economic sectors in South Africa, the researcher limited the study to only ECD practitioners. This was done due to time limitations, budget, and other considerations, and the study was restricted and only explored in Diespsloot, Gauteng. The participants were sampled from the registered and unregistered ECD centres. The study was only for the practitioners working during the COVID-19 pandemic. The researcher used a qualitative method so that participants could describe in depth their

experiences, the impact that COVID-19 had on this specific group, and how they survived throughout the pandemic.

1.7 DEFINITION OF CONCEPTS

- *Coronavirus disease 2019 (COVID-19)* “is a highly contagious disease caused by severe acute respiratory syndrome coronavirus 2(SARS-CoV-2), which became a pandemic in March 2020, three months after China reported the first case” (Chaibun et al., 2021). According to this study, COVID-19 is a deadly virus that came out of nowhere and came to enforce new changes and introduce innovations that the world was not ready for.
- *Early childhood development* - The National Department of Education defines early childhood development (ECD) as “...the processes by which children from birth to nine years of age grow and thrive physically, mentally, emotionally, morally, and socially” (DoE, 2001a). Early Childhood Development is a programme aimed at addressing the psychological needs of children between the ages (s) 0-6 years old.
- The *impact* is defined “as any identifiable benefit to or positive influence on the economy, society, public policy or services, culture, the environment, and or quality of life” (Parker & van Teijlingen, 2012). As per this study, the impact would mean significant changes that were brought about by the COVID-19 pandemic and perhaps the role that it played in disrupting the lives of ECD practitioners.
- *Traditional operations*, there is dearth of literature that gives a direct meaning or definition of traditional operations however as per my study, traditional operations mean the old way of doing things such as learning environment, teaching methods, techniques, and even tools utilized for teaching and learning purposes.
- *Early Childhood Practitioners*: “Facilitate children’s learning by providing emotional support and guidance” (Yildiz et al., 2023). In this study, the ECD practitioners refer to the teachers for children aged (s) between 0-6 years old.

1.8 ORGANISATION OF THE REPORT

Chapter one-Overview of the study

This chapter focused on the following: the background of the study, the preliminary literature review; the problem statement; the research questions, aims and objectives; how the study came about, and the methods and methodology used.

Chapter two-Theoretical framework

The chapter outlines the two theoretical frameworks namely, systems theory, and person-in-environment theory which are discovered to be fit to address the research question which is the impact of the COVID-19 pandemic on the traditional operations of Early Childhood Development Practitioners.

Chapter three-Literature Review

This chapter focused on a literature review. The following themes are discussed in detail, experiences of ECD practitioners during the COVID-19 pandemic, the availability of support services for ECD practitioners during the COVID-19 pandemic, and the effectiveness of support services in addressing the needs of the ECD practitioners during COVID-19 pandemic. The researcher reviewed existing literature from different countries to understand if the ECD practitioner had similar experiences during the COVID-19 pandemic.

Chapter four- Study design and methodology

In this chapter of the study, the researcher discusses the research design, and methodologies used to carry out the study. This chapter also presented the research questions that guided the study. This part of the study also entails the research instruments used, ethical considerations that the researcher became weary of and how the data collected and analyzed.

Chapter five- Results and Discussion

This chapter presents, analyses, and interprets the collected data from the discussion group. The chapter presents the findings of the demographics of the participants in the form of tables, analysis of data and identification of themes. The discussion and evaluation of the data are per the objectives of the study. The discussion of the data with literature and interpretation of the theory, the interpretation of the meaning of the results and implications of findings.

Chapter six- Main findings, conclusions, and recommendations

This chapter presents the findings, conclusions and recommendations of the study. In conclusion, the researcher makes conclusions based on the findings discovered during focus groups. Recommendations for theory, practice and future research are provided.

1.9 CONCLUSION

This chapter provided an overview of the study. Reference is made as to why it is important to understand the impact that the COVID-19 pandemic had on ECD centres. The chapter further outlined the delineation and scope of the study. Furthermore, the relevant terminologies were defined to explain the impact of COVID-19 on ECD centres in context to the reader.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter outlines the two theoretical frameworks, systems theory and person-in-environment theory, which are deemed a perfect fit to help understand the impact of the COVID-19 pandemic on the traditional operations of Early Childhood Development Practitioners. Simon & Goes (2011, p.1) define a theoretical framework as “a theoretical framework that provides a well-supported rationale for conducting a study. A good theoretical framework assures the reader that the type of investigation you propose is not based solely on your personal instincts or guesses, but rather informed by established theory and empirical facts obtained from credible studies.”

2.2. SYSTEMS THEORY

“The importance of systems theory was originally grasped by Von Bertalanffy (1901-1972), the founder of systems theory, who recognized that a system has holistic properties that are not found separately within parts” (Turner, 2017, p. 241). A system does not work in isolation but rather is interdependent with other systems. (Kast & Rosenzweig, 1972). The researcher places the ECD practitioners at the upper layer of the ecological systems model, as per systems theory. The ECD practitioners cannot function on their own but are interlinked or connected with the whole education system which includes the involvement of families, communities, and stakeholders, the entire society, and other systems such as Health which work in collaboration or working as a supporting structure to the ECD programme. Professionals working with children assume responsibility for establishing partnerships with families in addition to fostering relationships between school professionals and families, and providing training to better understand the interrelated systems of children’s lives (Manz, Mautone, & Martin, 2009).

During the COVID-19 pandemic, the entire education system was severely impacted by the existence of the COVID-19 pandemic. The services rendered by ECD childhood centres were disrupted, and the learning process came to a standstill (Pattnaik & Jalongo, 2021). Initially, the closure of schools made sense, however, it took too long for the ECD centres to re-open

and the process leading to the reopening of the ECDs was confusing (Wills et al., 2020). Even when the ECDs came into effect there were so many changes that needed to be put in place before the implementation of the learning programme could resume. The ECD had to follow new ECD guidelines which encouraged social distancing, wearing of masks, sanitization, and regular hand washing (Güner et al., 2020).

To better explain the concept of systems theory, Bronfenbrenner (1979), developed an ecological systems framework that identifies layers of contexts that shape development from most proximal (and thus, most important) to more distal, with each additional layer shaping and influencing the layers it encompasses (Buell et al., 2020). This model considers the entire system in which families are functioning to better understand their interactions with the environment (Turner, 2017, p. 244). His most important brainchild was the ecological systems theory, where he defines the four concentric systems that are the micro-, the meso-, the exo- and the macrosystems (Härkönen, 2007).

According to Krishnan (2010 , p. 7), “Context refers to the multiple venues modifying the proximal processes, and they include the environment in which the child is in constant interaction, whether it is physical, social, or economic interaction”. Buell et al. (2020), also attest to the fact that there are three contexts in the ecological system the microsystem, exosystem, and macrosystem. Also included in the ecological system are two processes the mesosystem which incorporates the relationship between microsystem contexts and the chronosystem which denotes the process of time as influencing development. Bronfenbrenner’s ecological systems theory focuses on the quality and context of the child’s environment (Paquette & Ryan, 2001). “Bronfenbrenner’s theory just is the very systems theory that allows tackling numerous environmental factors and numerous people in different interaction, relationships, roles, actions and processes” (Härkönen, 2007, p.6).

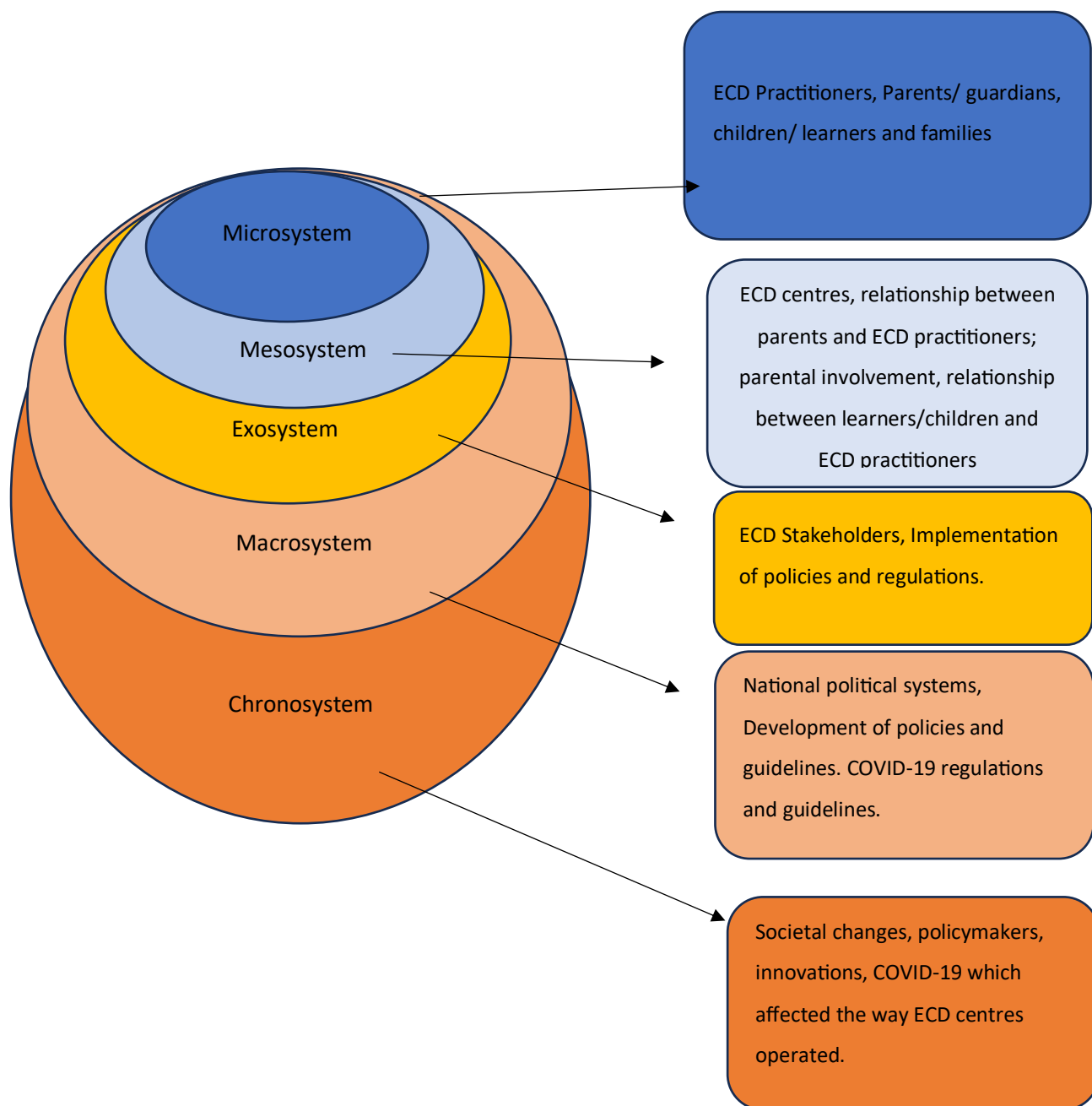


Figure 2.2: Above is a graphic design illustrating the current presentation of Bronfenbrenner's ecological systems theory for ECD practitioners during the period of COVID-19 in the Education system.

2.2.1 THE MICROSISTEM

Microsystems are settings experienced directly by the individual as an active participant (Buell et al. 2020, p. 27). “According to the text, a **microsystem** is a pattern of activities, roles, and interpersonal relations experienced by a developing person in a given face-to-face setting with particular physical and material features and *containing other persons with distinctive characteristics of temperament, personality, and systems of belief*”(Härkönen, 2007, p. 7). The microsystem encompasses a child's relationships and interactions with her immediate surroundings (Ryan, 2001). In this context, at the centre stage is the child who attends the Early Childhood Development Centres, their families, caregivers, and the ECD practitioners at the upper layer of the Ecological systems structure. Ecological systems allow Early Childhood Care and Education professionals to understand the importance of context in the development of the child and also offer a useful structure for outlining the competencies to be developed in professional preparation programs (Buell et al., 2020). It is therefore key that knowledge development is fostered to ensure that the children's emotional, educational, and physical needs are met. Pre-COVID-19 pandemic, the Early Childhood Development programme was offered in a playground or classroom setup. According to Buell et al. (2020), the ability to create a classroom environment that makes curricular content accessible to all children is essential for Early Childhood Care and Education (ECCE) sector. This role was, however, infringed by the sudden appearance of the COVID-19 pandemic which came and enforced the closure of the Early Childhood Development and other economic hubs in the entire city. Contactless classrooms and online services were introduced to minimize the transmission of the virus.

However, education in the digital environment challenged preschool education, children and teachers due to both age and developmental characteristics (Gözüm et al., 2022). Challenges included a lack of pre-service and in-service training and preparation to address young children's educational needs remotely, occasionally working with parents who cannot help their young children, inequalities, technology infrastructure issues, and mental problems (Atilas et al., 2021). According to Hedegaard, (2009, p. 68) educational practice is constructed on the basis of theories and values about children and childhood. Teachers are seen as the most dominant people in the academic and personal development of learners and therefore their method of teaching is key to the development of the child (Gözüm et al., 2022).

2.2.2 THE MESOSYSTEM

The mesosystem – this layer provides the connection between the structures of the child’s microsystem (Berk, 2000). Rather than context, the mesosystem is a process. There are linkages between the systems that influence the development of the child. “In other words, a mesosystem is a system of microsystems”(Härkönen 2007, p. 10). The relationship between home and early childhood care and education program is located in the mesosystem (Buell et al., 2020). Epstein (1995) argues that a home environment that promotes learning helps children develop cognitive, affective, social, and academic skills. However, in the South African context it was a different scenario, the researcher observed a relationship that was unstable as the flow of information was compromised. Kihlström (2012) argues that communication is a kind of help that functions for transporting messages; and so, during this period the sending of messages was not ordinarily due to changes that needed to happen. The relationship of the child with other closest environments such as schools was offered at a minimal level to almost no activity during the COVID-19 pandemic.

2.2.3 THE EXOSYSTEM

The exosystem includes microsystem settings that do not encompass the focal individual as an active participant (Buell et al., 2020). The structures in this layer impact the child’s development by interacting with some structure in her microsystem (Berk, 2013). This layer addresses the issues of policies and guidelines that address the processes that the ECD practitioners should follow. The ECD system was severely disrupted by the Coronavirus in such a way that ECD centres were closed during the lockdown and gradually opened their services way later than other businesses. The ECD had to follow new ECD guidelines which encouraged social distancing, wearing of masks, sanitization, regular hand washing, etc. The introduction of innovations such as online classes were introduced however, this brought some uncertainty in terms of the quality of education to be provided for Early Childhood Education. The most critical concern was the readiness of the ECD practitioners to render such a service.

Buell et al., (2020) state that the design and implementation of any program or system can be enhanced by the interaction of experiences and knowledge of relevant stakeholders. It was essential during the COVID-19 pandemic that the ECD practitioners are consulted before the introduction of the new implementation plan of the ECD programme. It was crucial because

the ECD practitioners needed to be verified if they were knowledgeable about the usage of the internet and other innovations implemented.

According to Yıldırım (2021, p. 957) “ during preschool teachers had to deal with inaccessible or noisy students with short attention spans, internet connection issues, financial difficulties, and reluctant and inaccessible parents to intervene in education and give no feedback”. The pandemic disrupted so many lives in so many ways, parents lost their jobs and as a result, they could no longer afford to take their children to the ECD centres post-COVID-19, and some families are still enduring the after-effects of the virus.

2.2.4 THE MACROSYSTEM

The outermost layer of the child’s environment may be considered as the macrosystem. This layer is comprised of cultural values, customs, and laws (Berk, 2000). During the COVID-19 pandemic new regulations, and procedures had to be speedily implemented in respective cultural values, principles, and practices. According to Krishnan (2010, p. 8), “This societal blueprint influences all lower layers of the ecosystem”. The COVID-19 pandemic caused changes in societal structures in the sense that the parents had to play different roles interchangeably. The COVID-19 pandemic caused severe damage to the Early Childhood centres, families, and communities with which they operate. Societies had to adopt a new living culture (Vélez-Agosto et al., 2017). The cultural activities that the communities were accustomed to had to change to accommodate the COVID-19 practices. The communities were advised to implement some mitigating factors such as keeping their distance from each other, observing, and avoiding overcrowded spaces whilst continuing to wear masks to prevent the spreading of the virus. This created less socialization amongst the community members hence there were no classroom engagements during the COVID-19 pandemic. An already struggling economy worsened the levels of food shortages in the most vulnerable groups of society (McNair, Ravenscroft, Rizzini, Tisdall, Biersteker, Shabalala, Thwala, et al., 2022).

Many parents of children attending the Early Childhood Development centres were left with no jobs, with no means to live but to take the children away from the ECDs as they could no longer afford to pay for the school fees. “A substantial number of ECD practitioners (78%) do not have an appropriate qualification to teach at the preschool level, and 23% of ECD practitioners have no training of any sort. Furthermore, poor quality planning, managing,

delivery, and monitoring of governmental services to ECE, health and social services amplify the problems related to ECE in South Africa” (Visser et al. 2021, p 15).

2.2.5 THE CHRONOSYSTEM

The fifth and final level of Bronfenbrenner’s ecological systems theory is known as the chronosystem. The chronosystem is a description of the evolution, development or stream of development of the external systems in time (Härkönen, 2001). The COVID-19 pandemic will remain a historic moment for years to come. No country, nor continent was ever ready for it. “The outbreak of COVID-19 affected all aspects of human activities globally ranging from education, research, sports, entertainment, transportation, worship, social gathering/interactions, economy, businesses, and politics” (Onyema et al., 2020, p. 108). The COVID-19 pandemic forced the entire education system to adopt new policies/ regulations and guidelines aimed at addressing the issues of quality education and development during the COVID-19 pandemic. Amongst the policies created for Early Childhood Development were the standard operating procedures that were found suitable for the Early Childhood centres to follow. As the system of education evolves, the ECD centres must make technological adjustments to ensure that education is not completely halted. With time this system will allow the education system to reflect on historical events brought by COVID-19 into the system, the challenges that were faced, and what is important to reflect on changes that COVID-19 brought and how to move forward. This system emphasized that in each system there will be changes for overtime depending on how societies embrace the changes brought by certain events. Some of the events are never permanent, such as COVID-19 because at some point it was brought under control.

2.3 PERSON-IN-ENVIRONMENT APPROACH (PIE)

The second theory that informed the study is the person-in-environment approach. According to Lei et al. (2021), the concept of person-in-environment is fundamentally embedded in the nature of social work. Weiss-Gal, (2008, p. 65), states that “The person-in-environment approach views the individual and his or her environments as forming an ecosystem, consisting of the individual, all the systems with which the individual has reciprocal relationships, the wider environment in which the individual acts, and all the mutual interrelationships that occur between the individual and the various subsystems” Systems are associated with the concept of ecology. “In essence, this view states that human development cannot be seen in isolation

but must be viewed within the context of the individual's relationship with the environment" (Friedman & Allen, 2014, p. 9). The ECDs do not function in separation but are rather seen in the context in which they operate. "Ecology, a concept drawn from biology, is the science of organism-environment relations that leads to a view of person and environment as a unitary, interacting system in which each constantly affects each other as they strive to attain a dynamic equilibrium"(Hare, 2004, p. 415). 'Ecological theory emphasizes the reciprocity of person-environmental transactions through which each influences and shapes the other over time" (Turner,1996, p. 391). In taking care of the ECD sector during the COVID-19 pandemic, procedures were speedily created to ensure that the COVID-19 virus is contained.

Karls et al. (1997, p.49) states that PIE is a four-factor system Factor 1 describes the client's problems in social functioning, their severity and duration, and the client's ability to cope with them. The impact of the COVID-19 pandemic affected ECD practitioners functioning to a certain degree that the practitioners struggled to cope on their own. Factor 11 describes problems in the client's environment that affect social functioning. The COVID-19 pandemic affected not only the ECD practitioners but the entire system. The findings reveal minimal resources were made available to the ECD practitioners, there was a lack of training and therefore they could not offer quality education. Factors 111 and IV describe the client's mental and physical health problems". Apart from the shutting down of the economy which created stress and anxiety, lives were lost, young and old and caused emotional pain not only to the ECD practitioners but the society at large.

Weick (1981) says ordinarily, the environment is thought of as something outside the person. To undertake this study the researcher utilized this framework to get a better understanding of the holistic environment of the ECD practitioners. Extensive power is included in the concept of environment if contains internal and external factors (Weick, 1981). Conceptually, The person-in-environment not only assesses physical and mental health issues but also takes into consideration social functioning and its related environmental factors (Karls & Wandrei, 1992). Specifically, as regards practice, Hare (2004) argues that person-in-environment demonstrates the coherence of pro-fessional activities by linking micro, meso, and macro practices into a continuum.

The environment consists of social and physical layers. The former consists of the social world of other human beings, ranging from intimate social networks to bureaucratic institutions (Turner, 2017, p.289). "The simple aspects of internal and external environment consist of four

possible environments: the internal-social, the external-social, the internal-physical, and the external-physical environments. These work together in shaping and influencing behavior” (Weick 1981, p. 141). The researcher must get to understand holistically, the space that the ECD centres operate in, the systems that describe their operations, the way they do things (culturally/traditionally), their associates, the political dynamics that impact the ECD centres, their economic position, the beneficiaries and most importantly the effects of COVID-19 pandemic on their operations. Amongst the physical factors experienced by different groups of society were reduced income and food insecurity induced by the COVID-19 pandemic (Pitchik et al., 2021).

The researcher utilised the person-in-environment theory because there is an interconnection between the person and the services offered be it at the micro, mezzo, or macro level. COVID-19’s existence did not only affect the ECD practitioners but also the larger groups, families, communities, and societies at large, be it in social, political, or economic environments. The theoretical frameworks adopted for this study complement each other and allow the researcher to build a strong argument about the study at hand.

2.4 CONCLUSION

The above-mentioned chapter detailed the theoretical framework that gave direction to the research study. The background of the systems theory was provided, and its importance, and or its relevance in the study and the different contexts utilized in the ecological systems theory such as microsystem, mesosystem, exosystem, macrosystem, and chronosystem. In addition to the systems theory, a person-in-environment theory was also utilized to show that ECD practitioners are working intertwined with other systems be it in different contexts or environments to form one broader education system. Both theories work interchangeably to address holistically the issues experienced in education and outline how the families and communities at large become part of the broader education system and how they have been all affected by the reparations caused COVID-19 pandemic.

CHAPTER THREE

LITERATURE REVIEW

3.1 INTRODUCTION

This chapter focuses on literature that talks about the experiences of ECD practitioners or educators during the COVID-19 pandemic. A literature review is a comprehensive overview of prior research regarding a specific topic (Denney & Tewksbury, 2013). With this chapter, the researcher intends to link how different countries across the world experienced the COVID-19 pandemic. The chapter puts into context the experiences that the ECD practitioners have undergone during the pandemic in South Africa, Africa and internationally. It details how they transitioned from classroom learning to remote learning, how the pandemic affected their mental health and well-being, how limited the resources were during the period of the pandemic, the impact on the practitioner's professional development and the support they had from the parents (parent involvement).

3.2 EXPERIENCES OF ECD PRACTITIONERS DURING COVID-19

“COVID-19 swept across continents and countries, leaving disruption, suffering, and death in its wake, compelling governments to take unprecedented steps to try to contain and suppress this plaque, placing populations under lockdown and mobilising resources that would have seemed unimaginable a few weeks earlier” (McNair et al., 2022, p. 160). COVID-19 outbreak has created educational disruptions, and global health concerns that proved very difficult to manage by global health systems. The situation that the countries experienced was difficult to bear, it brought so much distress across all the sectors of the world. The COVID-19 pandemic paralyzed the education sector and remained the most affected sector by the COVID-19 pandemic.

About 80 % of children worldwide were affected by school closures during the COVID-19 pandemic (Lancker & Parolin, 2020). The peak of school closures worldwide was in April 2020, at which point 199 countries had school closures in place (World Food Program, 2020). There are many important characteristics of the traditional early care and education (face-to-face) classrooms, that influence children's experiences and development (Atilas et al., 2021). Learning environments where children play, learn to use their imagination, work together with peers, communicate, and think critically are preferred (Almon 2003). The pandemic has pushed

the early childhood sector to the verge of collapse. Simultaneously, many professionals rapidly moved towards remote instruction to support young children experiencing the disruption of the public health crisis (Shin & Puig, 2021). Teacher goals often include promoting learning, prioritizing the safety and success of all their students, setting expectations, and maintaining a positive and safe learning environment. These goals were changed during the COVID-19 pandemic to a new normal way of living which society was never accustomed to. Below, the researcher is illustrating how the transition from classroom learning to remote learning turned out, and the effects it had on the ECD practitioners and the entire education system.

3.2.1 REMOTE LEARNING

During the COVID-19 pandemic, countries authorised that learning and teaching be done remotely. Early childhood development utilised different methods of online learning with the usage of smartphone or computers with internet. This learning process was flexible in such a way that the teachers and the learners were able to access it wherever they were. According to (Timmons et al., 2021, p. 888) “The shift to remote teaching and learning has meant a complete re-thinking of the delivery of early years programs, whereby teachers needed to examine how they would meet the four conditions for learning in a remote context”. “Online learning can be defined as instruction delivered on a digital device that is intended to support learning” (Ferri et al., 2020, p. 2). The ECD practitioners had a challenge of how to continue offering interpersonal activities within a remote teaching context. “As such, teachers were challenged with how to offer a play-based inquiry program that meets curriculum expectations within a remote teaching context. With the onset of the Learn at Home Initiative, teacher roles shifted to unknown territory” (Timmons et al., 202, p, 888). Early education and childcare have an important role in children’s development, provide support to families, and impact children’s wellbeing (Peisner-Feinberg, 2007). Learning environments where children play, learn to use their imagination, work together with peers, communicate, and think critically are preferred (Almon, 2003). Further, Van Laere et al. (2012) reported that teachers in early childhood education have multifaceted roles, such as supporting the child’s whole development, monitoring children’s development, and learning, and creating a connection between parents and preschool. The unanticipated transition to distance education due to the pandemic created “ emergency e-Learning”(Murphy, 2020, p. 492).

Although many early childhood teachers reported that they felt unprepared to meet the changes and technological demands of remote, and virtual teaching (Kruszewska, Nazaruk &

Szewczyk, 2020), these unique circumstances forced them to improve and develop new technology skills quickly (Pramling-Samuelsson, Wagner & Odegaard 2020; Szenté 2020). Teachers had to change their methods of education practically overnight from the traditional classroom system to a remote form of education. There was no time for professional preparation for remote work on the educational platform chosen by the school (Kruszewska et al., 2022, p.305). However, it should be stressed that teachers' adaptation to distance education has happened relatively fast (Jakubowski & Sitko-Dominik, 2021).

According to Ebrahim et al. (2021, p. 211), COVID-19 also exposed vulnerabilities in the social, digital, and economic ECD systems that, in turn, impacted the kinds of provisions that were offered to children and parents. “There are a number of technologies available for online education but sometimes they create a lot of difficulties. These difficulties and problems associated with modern technology range from downloading errors, issues with installation, login problems, problems with audio and video, and so on” (Dhawan, 2020, p. 8). According to Yıldırım (2021, p. 957), “preschool teachers have to deal with inaccessible or noisy students with short attention spans, Internet connection issues, financial difficulties, and reluctant and inaccessible parents who intervene in education and give no feedback”.

ECE centers/schools that decided to offer virtual, or distance learning adopted various strategies to facilitate online teaching and learning. In some instances, they provided necessary training and resources to prepare teachers and help guide parents in their role to support children’s learning at home (Mitchell et al., 2020). “The sudden metamorphosis of teaching activity from the face-to-face model to the online modality reveals the existence of three gaps: the access gap (having or not having access to connection and technological devices); the use gap (time of use and its quality); and the gap in teacher skills, availability of resources, and adaptation of online platforms to support teaching)” (Espino-Díaz et al. 2020, p.5). Internet access and its availability were dependent on the affordability of the parents. According to Sabri (2021, p, 1287) “some of the issues and challenges teachers, and students face while using online teaching and learning are accessibility, affordability, flexibility, learning pedagogy, and lifelong learning”.

“Professionals seemed to be struggling to come up with ideas and lessons to keep young children engaged. They also questioned the appropriateness of remote learning for children under 5- year- olds, recognising that young children could not work fully independently in an online environment without a parent’s help” (Shin & Puig, 2021, p.258).

From the literature above, it is quite evident that COVID-19 caused severe harm in the education space and created a lot of anxiety for the ECD professionals who were not well-equipped or knowledgeable about internet use at the time of transition. With the below literature, the researcher is trying to make comparisons and identify similarities in terms of how different countries dealt with the mental health and well-being of the professionals given the circumstances that they had during the pandemic.

3.2.2 MENTAL HEALTH AND WELL-BEING OF ECD PRACTITIONERS

Galderisi (2015, p.2) asserts that mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community”. Well-being on the other hand refers to the state of feeling healthy and happy (Simons & Baldwin, 2021). The COVID-19 pandemic created confusion among teachers and learners because they did not know what to do, or how to manage the situation that led to the closure of schools (Jena, 2020).

Teacher stress Teaching work is stressful, which implicates experiencing negative emotions, such as anger, anxiety, tension, frustration, and depression (Jakubowski & Sitko-Dominik, 2021). Stress is not only related to mental abilities or internal state of mind, but also affects a person’s behavior (Groen et al., 2012). In addition, the more the teachers felt that families were suffering from COVID-19 and had difficulties with remote learning, the more likely the teachers were to feel stressed or even burned out (Reimers, 2022). “The impact of the pandemic goes well beyond the direct consequences of the viral infection, adversely affecting the global and domestic economy, the environment, local living conditions, and the incidence and course of numerous chronic conditions” (Falgas-Bague et al., 2023, p.2).

Early childhood educators interact with children daily, to meet their needs and support their development. They further communicate daily with parents and co-workers to meet children’s needs and to support their families (Bigras et al., 2021). Swigonski (2021: p.800) mentions that “early childhood educators often reported being overly committed to the children in their care at the cost to their emotional well-being”.

“Scholars have investigated Early Childhood Education and Care (ECEC) professionals’ mental health and emotional stress during the pandemic, finding that pay cuts, job losses, or preschool closures were the leading stressors. In their personal lives, professionals have expressed worries regarding their physical and emotional well-being, feelings of loneliness and isolation and their families” (Hemmerich et al., 2021, p.3).

The COVID-19 Pandemic is another challenge in South Africa's history, which is characterized by apartheid and its aftermath, the HIV/AIDS pandemic, and ongoing social and transgenerational trauma. Many South Africans suffer from the "protean sequelae of prolonged, repeated trauma," resulting in complex PTSD (Herman, 1992, p. 377; Naidu, 2017, p. 772). Trauma can be a life-threatening disease and can cause severe harm to one's ability to perform work duties and can also affect those who are close to the victim if not attended to timeously (Mahlangu et al., 2023). These adverse effects can be mitigated by creating safe and stable environments, nurturing trusting relationships, and developing social-emotional learning (SEL) skills (Bartlett, Smith & Bringewatt, 2017; CDC2014; Darling-Hammond, 2020). Stress experienced by teachers during the pandemic was at high levels, mostly transition from traditional to online learning may have a negative impact on those primary school children who have more difficulty adapting to the new learning environment. During the COVID-19 global pandemic, early childhood educators faced an increasing shortfall for compensation due to lack of, or low, enrollment. Compensation is frequently linked with educators' well-being (Cumming, 2016).

3.3 AVAILABILITY OF SUPPORT SERVICES FOR ECD PRACTITIONERS DURING THE COVID-19 PANDEMIC

3.3.1 RESOURCES

For this study resources refer to the tools of trade provided to ECD practitioners during the pandemic. Shin and Puig (2021) say that childcare and early childhood professionals continue to endure decades-long economic vulnerability and inequity. Even before the pandemic, childcare programmes have been operating on a slim margin. Many early childhood programmes could not afford to meet safety standards and were unable to continue staff contracts and sustain operational requirements, the lower attendance due to caregiver's inability to pay user fees, fear of children becoming infected, and reduced capacity led to financial difficulty, loss of large numbers of trained and experienced Early Childhood Care and Education (ECCE) practitioners and permanent closure of several services (McNair et al., 2022).

Ebrahim et al. (2021) confirm that the teachers and children in the advantaged contexts were well equipped with the necessary digital infrastructure, digital devices, and human resources to cope with online learning. Many disadvantaged schools, however, did not have the means to facilitate satisfactory online learning. In poorer households, many children did not have a quiet

workspace, computer, internet connectivity, or parents who had the time or capacity to take on the role of home-schoolers (Reimers, 2022). Ebrahim et al. (2021) say that the poor and the disadvantaged require more targeted resources to address their unmet needs.

In the United States, the early childhood public and private sectors were able to address the needs of their students differently. For example, access to and use of Microsoft Teams and Zoom by private school educators more closely resembled the face-to-face experience their students had while public school educators were struggling to maintain contact with families that may or may not have a phone or money to buy minutes for their pay as you go or pre-pay plan for their cellular device (Atilas et al., 2021). However, Reimers (2022) confirms that the sudden transition to remote learning has been marked by disparities among schools. Schools in the poorest neighbourhoods experienced the most significant challenges in moving to remote teaching and learning, exposing deep inequities that exist in the American education system.

In Eswatini, 1.1 million people live below the national poverty line and 19% are experiencing multi-dimensional poverty. During the COVID-19 pandemic, this proportion increased to 21%, even under such conditions, the government of Eswatini mandated the indefinite closure of all learning institutions, including Early Childhood Education and Care (ECECs). It was estimated that school closures in March 2020 would affect about 377,935 learners in Eswatini, thus deepening the gap in access and equality that already existed in education in the country (McNair et al., 2022). In the South African education sector, about 13 million learners and 440,000 teachers had to close their schools before the set date on the calendar. This included 30,000 Early Childhood Development centres and about 100,000 teachers (Nkomo et al., 2023).

Like other countries, the government of Eswatini introduced media lessons, and online teaching and learning. It became a challenge for the Early Childhood education and care (ECECs) which are largely play-and-inquiry -based and focus on social, emotional, and cognitive aspects of learning most of all aspects that are difficult to be taught via radio or online. Furthermore, the government of Eswatini did not provide any guidance or support to Early Childhood education and care (ECEC)teachers and students on the implementation of classes under COVID-19 (McNair et al., 2022). In Brazil, the federal government's response to the economic impacts of COVID in 2020 included the introduction of an emergency auxiliary aid, or the Corona Voucher of R\$600 per person, payable to informal workers, low-income workers, micro-entrepreneurs, among others (McNair et al., 2022).

The financial position of ECD programmes had been significantly impacted by the reduced fee collection during the pandemic period, this was expected to have negatively impacted the quality of ECD Programme offerings (Wills & Kika-Mistry, n.d.). Moreover, ECD teachers and support staff lost their monthly income as the sector was instructed to close by the Department of Social Development. In light of the high job losses and unemployment rate triggered by the COVID-19 pandemic, the office of the presidency provided the ECD centres with the Early Childhood Development Employment Stimulus Relief Fund (ECDSRF) as part of sustaining employment prospects in the sector (Modise, 2021). In support of ECD practitioners, on 19 June 2021, the then Minister of Basic Education Angie Motshega announced that COVID-19 vaccines were available for teachers and school support staff. Vaccinating ECD practitioners could provide an important barrier to the spread of the virus and keep the ECD programme open (Wills & Kika-Mistry, n.d.). The early years are a critical window for children's development (Nugroho et al., 2021). However, the teachers in the United States expressed a need for curricula and guidelines specific to virtual learning which could provide structure but also help place realistic boundaries on Early Childhood Education (ECE) teachers' expectations and the learning objectives they should be aiming for in this format (Ford et al., 2021).

3.3.2 PROFESSIONAL DEVELOPMENT

The term staff development generally refers to in-service continuing education, or staff training, designed to enhance individuals' competencies, skills, and knowledge and enable them to provide better services to their clientele (Schwartz & Bryan, 1998). Through education, individuals are equipped with technical and technical skills necessary for production (Kibirige, 2022). However, a study conducted in the United States and several Latin American countries reveals that among the challenges experienced by educators during COVID-19 was a lack of preparation for distance teaching, including deficiencies in the pre-and in-service training to address the educational needs of young children distantly; lack of preparedness for the transition from in-person to distance teaching; and the need to work with caregivers who, at the time, did not have the skills to help their young children (Atiles et al., 2021a). However, Ebrahim et al. (2021) say that in South Africa teachers and children in the advantaged contexts were well equipped with the necessary digital infrastructure, digital devices, and human resources to cope with online learning.

Teacher preparation and professional development must address issues of mental health. Additionally, they should have some basic skills to address issues of mental health and trauma that may manifest themselves in the classrooms. Educators need training to manage their stress and balance their multiple roles and responsibilities in different countries and contexts to respond to the impact of the pandemic on their daily personal and professional lives (Atiles et al., 2021a). The ECD practitioners could not work in isolation during the pandemic and therefore parents' involvement was of paramount importance. The literature below highlights the parent's involvement in support of the ECD practitioners, involvement in the educational learning of their children, and the experiences they had to go through during the pandemic.

3.3.3 PARENT INVOLVEMENT

Given the limited direct contact with teachers, parents and guardians had to take over much of the role of the supervision of their children's education, including instruction during the period of school closures (Reimers, 2022). COVID-19 has changed daily life, forcing parents to work from home while caring for their children; many parents attempted to keep their children busy and safe at home (Li et al., 2022). The home learning environment became significantly more challenging because of homeschooling, especially for children from socioeconomically disadvantaged families and families with migration backgrounds (Hemmerich et al., 2021). Oppermann et al., 2021) says in Germany more parents felt stressed, because of the fewer learning activities they undertook with their children. However, cooperation between professionals and parents has long been considered an indispensable part of pedagogical work with children, and it represents an important field of action in Early Childhood education and care (ECEC) and the conceptualization of Early Childhood Education and Care (ECEC) quality (Hemmerich et al., 2021).

Parent stress is related to the caregiving role as well as qualities of the parent-child relationship and perceptions of child difficulties. High parenting stress has wide-ranging consequences for child health, including the risk of child abuse, obesity, and externalizing behavioural problems (Roos et al., 2021). The depression status of parents, caring for more than one child at home, unmet childcare needs, and relationship distress emerged as the predictors of lower-quality parenting during the COVID-19 (Japanese study) (Li et al., 2022). It is important to keep in mind that the abrupt closure of daycare centres created a stressful situation for parents, who still had to meet all other demands, including their occupations, household, and potential care and homeschooling of other children (Oppermann et al., 2021).

3.4 THE EFFECTIVENESS OF SUPPORT SERVICES IN ADDRESSING THE NEEDS OF THE ECD PRACTITIONERS DURING COVID-19 PANDEMIC

In Indonesia, a research study revealed that teachers could not carry out online learning, they did not have smartphone communication tools, the student guardians were not used to being online, the network was not good, and the sites had bad signals (Yuliejantiningih, 2020). Onyema et al. (2020) indicate that the success of online education depends on factors including good internet connections, learning software, digital skills, availability, and access to technology. The emergence of auxiliary aid or Corona Voucher provided in Brazil during COVID was tapered off with reduced payments and, while 68.2 million people received the benefit in 2020, that figure shrank to 45.6 million in 2021 (McNair et al., 2022).

A study conducted in South Africa confirms that advantaged ECD centres had multiple levels of support. These included financial and digital resources and strong leadership to support the shift to online teaching and learning (Ebrahim et al., 2021). The introduction of the state relief through an ECD Employment Stimulus Relief Fund package was significantly delayed, with application starting in early 2021, too late for thousands of Early Childhood Care and Education (ECCE) service providers unable to recover financially during 2020 and contributing to the curtailing of the attainment (McNair et al., 2022). The delayed Employment Stimulus Relief fund could have created a lot of anxiety, stress, and depression for the ECD practitioners, resulting in resistance to returning to work. Well-supported employees tend to have better psychological outcomes and as a result, may be more likely to perform well at work (Brooks et al., 2019).

The lack of support from the government had a greater impact on ECD centres in vulnerable communities (Ebrahim et al., 2021). The services provided by the Government such as Social Relief of funds for the ECD practitioners and, the provision of personal protective equipment that includes sanitisers and masks were ineffective, and insufficient and could not reach the persons it intended to support. The ECD practitioners remained in limbo and were left wondering whether they ever received any form of relief from the Government.

3.5 GAPS IDENTIFIED IN THE LITERATURE

The literature acknowledges that the ECD sector experienced operating challenges during the COVID-19 pandemic, which necessitated the evolvement of the new era of digital technology. The literature further highlighted disadvantages in terms of accessibility of internet

services, smartphones, and lacked digital skills. The literature however fails to demonstrate the sustainability of technology use by the ECD practitioners within the ECD sector. Furthermore, how will the South African government explore the advantages of digital technology usage to better the operation of the ECD sector.

The literature also reveals that the South African Government had good intentions for ECD practitioners to have access to Social Relief of distress packages; however, the literature fails to demonstrate the processes that the ECD practitioners needed to follow to qualify for such relief.

The literature confirms that the existence of the COVID-19 pandemic caused mental health issues for practitioners, however, the literature does not state how will the problems of mental health and wellbeing be addressed in future.

3.6 CONCLUSION

The countries across the globe were caught by surprise by the pandemic of this nature, they were never ready. The literature demonstrated the trials and tribulations that countries went through to find ways to deal with pandemic effects and ensure that teaching and learning continue. It is also noted that ECD practitioners have suffered the most, their mental health and well-being have suffered dearly. The COVID-19 pandemic also exposed the issues of inequalities in countries such as the United States of America, South Africa, and many more.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

In this section of the study, the researcher introduces the research approach and design utilized during the process of investigation into this study and the methods and techniques that were used to ensure that the study is executed as planned. This section gives a thorough explanation of how these techniques are applied, and how the data collection was interpreted, analyzed, and presented. Mackenzie and Knipe (2006) define methodology as the overall approach to research linked to the paradigm or theoretical framework while the method refers to systematic modes, procedures or tools used for collection and analysis of data.

4.2 STUDY AREA

This study was conducted with practitioners from the Early Childhood Centres, namely Oratile, Needy Kids, Kganya, Mother Touch and Little Sands. All the ECD centres are situated in Diepsloot Township, Johannesburg, Gauteng. Diepsloot is situated in the North-East of Johannesburg, and it is about 35 km away from the CBD (*Diepsloot, Johannesburg | South African History Online*, n.d, 2024). The researcher opted for this area because she had considered the time limitations for the study and the budget to be used, therefore Diepsloot was the nearest and less cost-effective. Diepsloot is a densely populated, poor urban township consisting of formal and informal settlements in Northern Johannesburg (Van Rie et al., 2018). Diepsloot township has about 376491 people living in it (Stats SA, 2022). Like any other area in the country, Diepsloot was amongst the areas that experienced the existence of COVID-19. The schools, including the Early Childhood Centres, remained closed until such a time that permission to re-open was granted.

Figure 4.2: Map of Johannesburg showing Diepsloot



Source: Google Maps

4.3 RESEARCH APPROACH

To address the research study, the researcher utilised a qualitative research method. According to Aspers and Corte (2021), qualitative research as an iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studies. Qualitative research discovers, describes, interprets, and translates how people view, experiences of social environment they live in and the challenges they are faced with.

The qualitative approach has advantages and disadvantages which are tabled below. Roostenburg et al. (2021) describes some of the advantages of using this approach, and these include that it is a humanistic approach that assists researchers in understanding the experiences that humans withstand in their natural settings. Qualitative methods help provide rich descriptions of phenomena. Qualitative methods have the potential to contribute significantly to the development of meaningful “quantities”; however, they have inherent as well as instrumental value (Sofaer, 1999). However, just like any other method, the qualitative approach has limitations, and these include that the researcher has less control over the flow of discussion (Lopez & Whitehead, 2013). It is time-consuming, for the questions drafted the researcher needs to give more explanation and rephrase some of the questions asked to give meaning to it. It can be more difficult to organise and order data for analysis (Lopez & Whitehead, 2013). The researcher found the qualitative method relevant to the study because it provided an opportunity for the participants to narrate their own experiences of COVID-19 and how it changed and or impacted their livelihood.

4.4 RESEARCH DESIGN

To undertake this study, the researcher utilised a collective case studies design. A case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy institution, program or system in “real life” (Starman, 2013). collective multiple case studies could compare different cases in the study to determine their commonalities (Rustenburg et al., 2021). The researcher utilised this design to explore in detail the events that ECD practitioners encountered during COVID-19, in both the private and public ECD sectors. Collective case studies are similar in nature and description to multiple case studies (Yin, 2003). Although these distinctions are made, there could also be an overlap between the different types of case studies (Roestenburg et al., 2021). The researcher draws the similarities and differences between the private and public ECD practitioners' experience during COVID-19 and makes comparisons.

Flyvbjerg (2006) says case studies can be “close in” on real-life situations and test views directly about phenomena as they unfold in practice. COVID-19 virus existence affected so many lives in different ways and so with this design the researcher was able to gain evidence of how deep or complex the impact of COVID-19 was from the ECD practitioners. Krusenivik (2016) confirms that case studies can also offer important evidence to complement experiments. Case studies can be particularly useful for producing theory and new knowledge, which may inform policy development (Roestenburg et al., 2021). Merriam (2009) concurs that case studies play an important role in advancing a field’s knowledge base. As good as the case studies are for qualitative research there are some greater concerns or rather disadvantages cited by many authors. Krusenivik (2016) confirms that the researcher's independence from the results of the case study is often questioned, because in some types of case studies the researcher plays an interactive role instead of acting at a distance. Zainal (2007) says one of the disadvantages is that they provide little basis for scientific generalization since they use a small number of subjects, some conducted with only one subject and are often labelled as being too long, difficult to conduct, and producing a massive amount of documentation.

4.5 POPULATION, SAMPLE, AND SAMPLING PROCEDURES

4.5.1 POPULATION

A population refers to the totality of persons, events, organizational units, case records, or other sampling units with which the research problem is concerned (Roestenburg et al., 2021). The

considered population for this study was Early Childhood Practitioners who were employees at the Early Childhood centres when the country was hit by the COVID-19 virus. The researcher chose this group of practitioners because they were the most hit sector by the COVID-19 pandemic. The whole sector had to shut down and rapidly change their operations into something they had never imagined. About 100,000 ECD practitioners were affected by the COVID-19 pandemic (Nkomo et al., 2023). This high number includes the Early Childhood practitioners across the 9 provinces of South Africa. Due to the vast population of the ECD sector, the researcher sampled a small group of ECD practitioners who participated in the study.

4.5.2 SAMPLE

The term sample always implies the simultaneous existence of a population or universe of which the sample is a smaller section or set of individuals selected from the population Roestenburg et al. (2021). The researcher sampled a small size of ECD practitioners who took part in the study. The purpose of sampling is the selection of suitable populations or elements so that the focus of the study can be appropriately researched (Lopez & Whitehead, 2013). According to Roestenburg et al. (2021), sample size depends on what we want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility, and what can be done with the available time and resources.

Out of 100,000 ECD practitioners affected by COVID-19, the researcher sampled 10 practitioners from 5 organisations namely: Oratile ECD, Need Kids, Kganya Day Care, Mother Touch and Little Sands. Each organisation had two (2) ECD practitioners who participated in the study. Overall, ten (10) participants took part in the study. This excludes the 2 ECD centres which were part of the pre-test of data collection instruments. All the ECD centres chosen are situated in Diepsloot, in the Gauteng province in South Africa.

4.5.3 SAMPLING PROCEDURES

Non-probability sampling was evaluated as the most effective and suitable procedure for this study. With Non-probability sampling in qualitative research, the researchers recruit only specific populations to investigate a specific topic or when the population is unknown or unavailable (Lopez & Whitehead, 2013). According to Roestenburg et al. (2021), there are various types of non-probability sampling techniques in qualitative research, however, for this study, the researcher utilised the purposive technique. Purposive sampling technique also known as judgemental sampling, is a form of non-probability sampling in which decisions

concerning the individuals to be included in the sample are taken by the researcher (Rai & Thapa, 2015). The researcher chose this field of study because of its familiarity.

Some of the advantages of using this strategy include that it is mostly used, less expensive and there is no need for a list of the population elements. However, they are without limitations; the foremost being variability and bias cannot be measured for controlled (Acharya et al., 2013). With this sampling strategy, the researcher decided on the number of participants to be involved in the study and deliberately chose a small size of the group to be able to manage and continuously encourage the participants who are ECD practitioners to share their experiences, how they felt about the sudden change of their operations, and to also reflect on the support services they have received if there was any. This sampling procedure also has disadvantages that include that the knowledge of the population may not always be available. If this happens then the researcher cannot fully use the method (Rai & Thapa, 2015: 10). A sampling of the participants solely lies on the researcher's judgment and could create biases. It can also be difficult to convince the reader that the judgement made to select units to study was appropriate (Rai & Thapa 2015:10).

The purposive sampling served as a guideline for stringent criteria to be utilised in this study.

The criterion to partake in the study was inclusive of the following:

TABLE 4.5 INCLUSION AND EXCLUSION

INCLUSION	EXCLUSION
For this study, inclusion entails the involvement of ECD practitioners who were part of the ECD workforce during the COVID-19 pandemic.	For this study, exclusion means that the ECD practitioners who were not part of the ECD workforce during the COVID-19 pandemic shall not be considered.
The participants should have worked in the ECD sector as practitioners during the COVID-19 pandemic.	Participants with no ECD background.
The practitioners should have worked in an ECD situated in Diepsloot, Gauteng pre- and post-COVID-19.	The study excludes participants from other provinces.
The participants should have been at least 18 years of age and above.	Persons under the age of 18 were excluded and regarded as children.
The participants should have qualifications in ECD or any related qualification.	The participants with no qualification in ECD were excluded from participating.

Table 4.5: Inclusion and exclusion criteria

4.6 RESEARCH INSTRUMENT(S)

Research instruments refer to the tools that the researcher utilised in collecting data from the participants. The instruments that the researcher used for the study are the focus group discussion guide and a tape recording. According to Bloor (2001), focus groups are organized group discussions centred on a topic and monitored and potentially guided by a researcher. Focus groups are useful as they help to explore, develop and refine initial research questions and interview schedules (Whitehead & Whitehead, 2016). Roestenburg et al. (2021) say the disadvantages of group discussions are that the group dynamics may hinder smooth group discussions (e.g., members who dominate, members who are quiet, or group members who are shy and do not share their unique opinions on topics).

He further says focus groups tend to be more time-consuming than individual interviews. The participants had to confirm their *demographics* as outlined in **Section A** of the group discussion guide and the demographic included age, gender, race, qualification, and work experience; **Section B**, the experiences of ECD practitioners pre- and post-COVID-19, **Section C**, the availability of support services that were provided for ECD practitioners pre- and post-COVID-19 and **section D**, which focused on the effectiveness of support services in addressing the needs of the ECD practitioners.

4.7 PRE-TESTING

The researcher conducted a pretesting with two (2) participants chosen for the study. The main reason for the pretest was that the researcher wanted to assess the feasibility of the study and whether the methods and techniques proposed would likely be successful (Van Teijlingen & Hundley, 2001). The data collected from the pretrial or testing is not included in this report or the final findings of this report. Some of the questions misunderstood by the participants were simplified for them to understand.

4.8 METHODS OF DATA COLLECTION

To collect data for this study, the researcher utilised focus group discussions. The researcher opted for focus discussion groups because more and richer data may be generated from the discussions and also because they are cost-effective. Roestenburg et al. (2021), say focus groups are qualitative data collection methods where a heterogenous or homogenous group, with three to 15 participants meet and engage in a group discussion on a topic a researcher

proposed. Lopez and Whitehead (2013) further say focus groups offer a collective set of values, experiences, and observations of participants that are later interpreted contextually, and they also potentially offer supportive group interactions as each member is encouraged to identify, describe, analyse, and resolve issues.

The researcher had three (3) participants for the 1st group and seven (7) participants for the last group. The researcher deviated from the initial plan that was set on a research proposal that the group would be divided into two equally. The process of recruitment began in January 2024, and it allowed the ECD centres time to recruit suitable participants for the study. The recruitment process was from January- March 2024. Data collection started in May 2024 to July 2024. The session took sixty (60) to ninety (90) minutes and was prolonged by the lengthy discussions of participants. All the information collected was digitally recorded, and handwritten notes were made and kept safely in the diary as a backup.

Focus group discussions have advantages and disadvantages. Some of the advantages include that participants can challenge one another's points of view and diverse data are gathered (Roestenburg et al., 2021). Focus groups are a relatively cheap way to implement and collect data (Roestenburg et al., 2021, p: 363). Also, group discussions encourage good interaction and support, especially for the members who find it difficult to gel easily in a group setup or struggle to share information individually (Lopez & Whitehead, 2013). However, there are disadvantages associated with this method and they include that the researcher discovered that group discussions were time-consuming, and the disadvantage of the group was that discussions could not be completed at the exact time planned. In-depth follow-up questions with specific individuals are not possible (Roestenburg et al., 2021, p: 363). The speed of interaction and several coordination problems among participants, sometimes end up slowing the free production of ideas (Acocella, 2012)

4.9 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the data but it is also a creative and fascinating process (Roestenburg et al., 2021: 391). For the interpretation and analysis of data, the researcher used thematic analysis. Thematic analysis is a method for analysing qualitative data that entails searching across a data set to identify, analyse, and report repeated patterns (Braun & Clarke, 2006a). The researcher chose this method because its elements sound more related to the research question, it seeks to understand the experiences

that the practitioners have undergone during the COVID-19 period, their thoughts, the impact it had and the behaviour that it sets across the ECD sector.

According to Braun and Clarke (2006), one of the benefits of thematic analysis is its flexibility. Holloway and Todres, (2003) however, the flexibility of thematic analysis can lead to inconsistency and a lack of coherence when developing themes derived from the research data. Clarke and Braun (2013) say thematic analysis is a method rather than a methodology. Nowell et al. (2017), however, say thematic analysis lacks substantial literature as compared to that of ground theory, ethnography, and phenomenology. According to Kiger and Varpio (2020), thematic analysis is a powerful method for analysing data that allows researchers to summarize, highlight key features of, and interpret a wide range of data. The data can be misinterpretation if the researcher is not skilled and knowledgeable about the interpretation of data.

Nowell et al., (2017b) further say thematic analysis is easily grasped and can be relatively quick to learn, as there are few prescriptions and procedures. Braun and Clarke (2006) suggest that thematic analysis is disadvantaged when compared to other methods, as it does not allow researchers to make claims about language use. The researcher adopted an inductive approach, and Kiger and Varpio (2020) say this approach provides a broader, more expansive analysis of the entire body of data. The approach is flexible because it does not restrict the researcher to only prepare questions but can rather expand the question to the participant to get richer data. To gather all the pieces of the data obtained during the investigations, the researcher used six (6) steps to guide the process of thematic analysis:

- ***DATA FAMILIARISATION***

During this stage of research, a researcher should actively, analytically, and critically think about what the data mean (Roestenburg et al., 2021). The researcher was trying to make sense of the information shared by each participant during the discussions, what it meant for the study and so it took a lot of going back and forth in trying to digest the data presented by the participants, and in some instances, the researcher re-wrote what was recorded on the audios. The information or data collected was re-written (transcribed) as it was said by the participants. Recordings are transcribed into written form so that they can be studied in detail, linked with analytic notes, and or coded (Bailey, 2008). All the handwritten data was typed and saved safely on computers. There is a backup for all the data collected.

- ***GENERATING INITIAL CODES***

A code is defined as ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’(Kiger & Varpio, 2020). During the initial coding process, the researcher identified the areas that were significantly affected by the COVID-19 pandemic on traditional operations of practitioners. The researcher also assigned codes to the data.

- ***SEARCHING FOR THEMES***

A theme is a pattern that captures something significant or interesting about the data and or research question (Maguire & Delahunt, 2017). Construction of the themes was conducted based on the data gathered during the coding process, once the data was completely processed, the researcher began conducting in-depth research on the themes identified.

- ***REVIEWING THEMES***

In the previous step, the researcher had identified the themes, and, at this stage, the researcher verified whether the themes identified have meaning to the study, and their relevance to the study. A mind map was created to identify the similarities patterns, and/or trends identified during the identification.

- ***DEFINING AND NAMING THEMES***

The final refinement of the themes is about identifying the meaning or the core of each theme (Maguire & Delahunt, 2017). During this stage, the researcher analysed the themes and established subthemes or subtopics related to the main themes identified. Once themes were defined, the researcher applied a concise and straightforward name to each one.

- ***PRODUCING THE REPORT***

In presenting the final report, the researcher has identified and analysed the commonalities, similarities, and differences in the effects or impact of ECD practitioners during the COVID-19 pandemic. The data collected on the effects of COVID-19 on ECD practitioners was verified and evaluated. The evidence gathered during the process of investigations is attached to the report as a backup and assurance of the quality of work.

4.10 TRUSTWORTHINESS

Trustworthiness or rigour of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study. In each study, researchers should establish

protocols necessary for a study to be considered worthy of consideration (Connelly, 2016). Transferability, Dependability, Confirmability, and Credibility address the issues of quality in qualitative research to affirm the value of the trustworthiness of the study (Treharne & Riggs, 2015).

4.10.1 TRANSFERABILITY

Transferability refers to the generalizability of data, that is, the degree to which findings of the study can be transferred to or can be applied in different settings or groups. The researcher is responsible for providing adequate or enough data that is descriptive in the research report with the aim that readers can assess the appropriateness and applicability of data in various settings (Polit & Beck, 2010). Transferability in this study was ensured by providing context-rich, meaningful, thick descriptions with verbatim quotations of participants and descriptions of the research methodology. The analysis was credible, as enough data was presented for the reader to be satisfied with the trustworthiness of the analysis.

4.10.2 CREDIBILITY

Credibility can be defined as confidence in the ‘truth’ of the findings (Kyngäs et al., 2020). The researcher ensured credibility by pre-testing the data collection instruments. Different techniques such as listening, probing, reflecting, recapitulating, explaining, summarising, recording the data, confirmation of the field notes were used to ensure the credibility of the data collected. The researcher was able to verify the experiences of each participant, explaining steps taken during data collection and data analysis. The researcher made an audit trail, and the findings were examined by the supervisor. Peer debriefings and transcripts of data also confirmed the credibility of the study. The supervisor reviewed data transcripts and data analysis to detect errors.

4.10.3 DEPENDABILITY

According to Korstjens and Moser (2018: 121) , dependability refers to the stability of findings over time. This study is evidence-based, meaning the researcher recorded and took notes of all the communications done or data collected from the onset of the study until the final product. The researcher conducted an audit trail and peer debriefing to ensure the good quality of the study. The researcher information reported is solely gathered through the process of group discussions with the participants and all the records are kept safe.

4.10.4 CONFIRMABILITY

According to Kyngäs et al. (2020), confirmability describes the degree of neutrality or, in other words, the extent to which the findings of a study reflect the respondent's opinions and experiences rather than the researcher's biases, motivations, or interests. An audit trail that involves, field notes, memos, and journals was utilized as evidence and can confirm the origins of the study. According to Roestenburg et al. (2021), the audit trail should display the interaction between the researcher and the participants in such a way that the research can be understood not only in terms of what was discovered but also how it was discovered.

4.11 ETHICAL CONSIDERATIONS

According to Cacciattolo (2015), ethics is a system of moral principles or standards governing conduct. Hammersley and Traianou (2012) indicate that the word 'ethics has two meanings. It can refer to a field of study, concerned with investigating what is good or right and how we should determine this. Ethics in research aim to address the researcher's ethical conduct or behaviour. Before commencing with the data collection, the researcher obtained Ethical clearance to ensure compliance with ethical standards (Arifin, 2018). All the research activities conducted under the University of the Witwatersrand's jurisdiction require clearance from the Human Research Ethics Committee (Non-Medical) (Appendix F). Permission to conduct research was obtained from the research supervisor, establishing collaboration between the researcher and the institution (Willig & Rogers, 2017). This permission was obtained after receiving ethical clearance (Appendix F). To address the research question, the researcher was guided by the following ethical considerations:

4.11.1 INFORMED CONSENT

Informed consent means that participants have adequate information regarding the research and have the power of free choice, enabling them to consent to or decline participation voluntarily (Cacciattolo, 2015). **It was paramount that the researcher seek permission from the Gauteng Department of Education (GDE) and the ECD organizations that participated in the study.** The researcher disclosed the participant information sheet which details the issues of what, how, where, and when the study going to be conducted and the researcher was also transparent in terms of the questions that formed part of the study to the participants. In return, participants were given consent forms to sign and to also show their

willingness to participate in this study. All the participants endorsed their participation by signing and returning the consent forms to the researcher.

4.11.2 VOLUNTARY PARTICIPATION

Participation in this study was voluntary, as mentioned on informed consent, there were no threats to partake in this study, what is important to note there was no payment to any participant taking part, only a travelling allowance fee of R150.00 was given to the participants. The participants were not held against their will, and they were well informed that should they wish to withdraw their participation at any stage their contributions will be removed from the data collected.

4.11.3 CONFIDENTIALITY AND ANONYMITY

According to Vanclay et al. (2013), respect for participants means that confidentiality (i.e. non-disclosure of information) should be accorded to all private or personal matters or views, or when any such undertaking is given. The researcher cannot guarantee confidentiality during the focus group discussions, however, the data collected from the discussions is kept confidential, and the names of the participants were not disclosed. Participants' names and those of the organization were replaced with pseudonyms to protect the participants.

4.11.4 AVOIDANCE OF HARM

This research study focused solely on matters that relate to the research question. The personal lives of the participants were respected and not included in the study findings. It is also important to note that guidelines and principles are set to protect participants and researchers, minimize harm, increase the sum of good, assure trust, ensure research integrity, satisfy organizational and professional demands, and cope with new and challenging problems for concern conduct (Aluwihare-Samaranayake, 2012). In cases where the study triggers the emotions of the participants, the researcher had planned to refer them to the Department of Social Development, Midrand for further therapeutic services, and Ms. Lerato Marwa who is a social worker to assist the ECD practitioners and can be reached at 0662913465.

4.12 CONCLUSION

In conclusion, the researcher has taken a qualitative approach in investigating or exploring the experiences that the ECD practitioners came across during the COVID-19 pandemic. In this

chapter, the researcher gave an insight into the demographics of the area where the study took place, the approach utilised was defined with its advantages and disadvantages, and the chapter detailed how the participants were sampled and the population they were sampled from. The chapter explained the process used for data collection, the instrument that the researcher used in collecting data and the procedure that she followed in analysing the data collected. The ethical considerations which were considered were clearly defined. The ethical considerations included informed consent to undertake the study, the researcher had to also seek permission from the participants for their involvement in the study, how she encouraged the issue of voluntary participation, how confidentiality and anonymity were addressed and lastly avoidance of harm during the time of data collection.

CHAPTER FIVE

RESULTS AND DISCUSSION

5.1 INTRODUCTION

The previous chapter discussed the depth of the research approach, the data collection and the analysis process adopted for the study. This chapter aimed at analysing and interpreting the data collected. In doing so the researcher utilised a thematic analysis. Thematic analysis was used to determine the common themes from the data generated and ultimately develop sub-themes which describe the experiences the ECD practitioners faced during the COVID-19 pandemic. By theme, the researcher means abstract, often fuzzy, constructs those investigators, identify before, during, and after data collection (Ryan & Bernard, 2000). The study's findings are presented according to the study's objectives. In analysing the themes, the researcher followed a six-step process that included thematic analysis, 1. Familiarise yourself with the data, generate initial codes, search for themes, review and define themes, and 6. produce the report/manuscript. All the steps are explained in detail in Chapter Four. Direct quotations from the participants support the findings below.

TABLE 5.1: DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

Participant Number	Age	Gender	Race	Qualification	Work experience	Position	Name of organisation
Participant 1	47 years	Female	Black	ECD level 4&5	26 years	ECD Practitioner	Oratile ECD Centre
Participant 2	50 years	Female	Black	ECD level 5	30 years	ECD practitioner & principal	Kganya Day Care Centre
Participant 3	35 years	Male	Black	ECD Level 4& 5	15 years	ECD Practitioner	Mother Touch Academy
Participant 4	40 years	Female	Black	ECD Level 5	4 years	ECD Practitioner	Needy Kids ECD Centre
Participant 5	29 years	Female	Black	ECD Level 4	4 years	ECD Practitioners	Oratile ECD Centre
Participant 6	40 years	Female	Black	ECD Level 4	7 years	ECD Practitioner	Kganya Day Care Centre
Participant 7	49 years	Male	Black	None	15 years	ECD practitioner & chef	Mother Touch Academy

Participant 8	35 years	Female	Black	ECD Level 3	10 years	ECD practitioner	Little Sands ECD
Participant 9	32 years	Female	Black	ECD level 5	5 years	ECD Practitioner	Needy Kids ECD Centre
Participant 10	24 years	Female	Black	Grade 12 & A4 level	5 years	ECD practitioner	Little Sands ECD

Table 5.1 above show the age distribution of the participants who attended the focus group discussion. The table indicates that two (2) of the participants are between the age(s) 20-29 years old, three (3) participants are between 30-39 years old, four (4) participants are between 40-49 years and only one (1) of a participant is between the age (s) 50-69. The age group 40-49 is the most dominant as four (4) participants fell within that age group out of ten. The study was dominated by females as two (2) males and eight (8) females participated. The data reveals that the ECD practitioners are mostly females with fewer males. Ten (10) participants took part in the discussion groups. All ten participants belonged to the same race, Black. As per the information in Table 5.1, one (1) participant has ECD level 3, two (2) participants (with ECD Level 4, Five (5) with ECD Level 5, 1 participant with grade 12 and A 4 qualification and a chef. The information indicates that most ECD practitioners have ECD level 5 qualifications. Regarding the work experience, there were two (2) participants with 4 years as ECD practitioners, two (2) of the practitioners have worked for 5 years as ECD practitioners, one (1) participant has 7 years of experience, one (1) participant with 10 years of working experience, one (1) with 26 years of working experience and one (1) with 30 of working experience. The data in Table 5.1 reveals that the years of working experience for the participants varies from 4 – 30 years in the field of ECD. According to the data, 100% of the participants are ECD practitioners, however during the group discussions two (2) participants indicated that they are playing double roles, teaching, and doing other work activities such as cooking.

5.2 THEMES AND SUB-THEMES

TABLE 5.2: EXPERIENCES OF EARLY CHILDHOOD PRACTITIONERS DURING COVID-19 PANDEMIC

THEMES	SUB-THEMES
1. Experiences of Early Childhood Practitioners during the COVID-19 pandemic.	1.1 Challenges in transitioning from face-to-face to online learning. 1.2 Impact of the COVID-19 pandemic on mental health and emotional well-being during the COVID-19 pandemic. 1.3 Professional training of ECD practitioners during COVID-19. 1.4 Communication challenges between parents and ECD practitioners during COVID-19.

5.2.1 MAIN-THEME 1: EXPERIENCES OF CHILDHOOD PRACTITIONERS DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has brought unpleasant changes to the functioning of ECD practitioners. The working environment drastically changed to accommodate the measures that were put in place to minimise the further spreading of the virus. These changes came unexpectedly and therefore brought so much pain and suffering to the ECD practitioners. During the discussion groups, ECD practitioners have expressed and shared the in-depth challenges they have experienced during the COVID-19 pandemic. Four subthemes emerged from the above-mentioned theme, challenges relating to teaching and learning environment, challenges relating to mental health and emotional well-being, challenges relating to professional development and training and lastly challenges relating to communication between parents and ECD practitioners during the COVID-19 pandemic.

SUBTHEME 1.1: CHALLENGES IN TRANSITIONING FROM FACE-TO-FACE TO ONLINE LEARNING

According to the participants of this study, the education system was significantly disrupted, ECD centres had to shut down with no learning process taking place. ECD centres shifted from the normal way of learning to the new normal and introduced learning lessons through technology to accommodate COVID-19 pandemic measures. ECD practitioners confirmed utilising WhatsApp groups to post learning lessons to the children so that the learning process does not stand still. There were no longer interpersonal relationships between the ECD practitioners and the children as it used to be.

Participant 2: *“We had to close and not work at the time of COVID-19, the children were at home safe.”*

Participant 3: *“Mostly working with children there is much need for interpersonal relations as a teacher with kids and that was disrupted.”*

Participant 9: *“We created a WhatsApp group with the parents. For those who did not have WhatsApp group, we had small books inside the children’s bags, something like a diary we would write the message in the book and tell the children to show mommy when they got home.”*

Participant 8: *“We changed our method, we have to incorporate COVID-19 into teaching lessons so that children can know, learn and practice COVID-19 teachings. Even back at home, they had to practice washing hands, sanitising, and keeping masks on. We changed themes in our chart display so that they can see and keep their distance”.*

Almon (2003) confirms that learning environments where children play, learn to use their imagination, work together with peers, communicate, and think critically are preferred. Ostrosky and Meadan (2010) argue that during the early childhood years, children learn to interact with one another in positive and successful ways. Roussou (2004) confirms that play, in particular, can unite imagination and intellect in more than one way, and help children discover things at their own pace and in their own way. In line with the ecological theory, each microsystem offers opportunities for children’s development. Early Childhood Development centres are therefore in existence to ensure that the needs of the children are met. Yet, how such opportunities will be availed and experienced as such building blocks for learning is dependent on the child and his/her unique abilities (Buell et al., 2020). Bronfenbrenner

maintains that because the child develops, the interaction with the environment requires a complex nature (Härkönen, 2001). Pokhrel and Chhetri (2021) admit that the COVID-19 pandemic brought a major disruption to education systems worldwide where educational settings had to close for months. The learning environment that the practitioners and children were accustomed to was no longer the same. The ECD practitioners in the study concurred that the education system was disrupted, and changes had to be implemented which were in line with curbing the spread of the virus.

SUBTHEME 1.2: IMPACT OF THE COVID-19 PANDEMIC ON MENTAL HEALTH AND WELL-BEING OF PRACTITIONERS DURING COVID-19

Findings revealed that COVID-19 existence brought emotional pain, and there was a loss of lives across the globe. The shutting down of the economy had a bad impact on the ECD practitioner's finances and that brought so much stress and created anxiety because the ECD practitioners would not know where their next meal would come from. Participants revealed that the ECD centres had to shut down, after the opening of the schools the number of children accessing the centres remained very low and they received reduced salaries. The ECD practitioner confirmed the loss of their loved ones and the loss of children in the centres.

Participant 4: *"It was difficult because we could not afford to support our families, to take care of ourselves. Even after COVID-19 some of the kids are very few and the salaries are less, and we did not get an increase."*

Participant 9: *"We lost our family members, and our loved ones, it affected us a lot, we were always in shock, counting how many people passed in a day and worried about who could be next."*

Participant 6: *"COVID-19 messed up a lot, even in our centre we have lost some of our teachers, and we lost some children due to COVID."*

Most participants shared that their workload and administration became more overwhelming. They were expected to ensure that all COVID-19 protocols were met, that children were sanitised, social distancing and wearing their masks.

Participant 8: *“Even back at home, they had to practice washing hands, sanitising, and keeping masks on. We changed themes in our chart display so that they can see and keep their distance”.*

Jakubowski and Sitko-Dominik (2021) attest to the statement that teaching is stressful, which implies experiencing negative emotions such as anger, anxiety, tension, frustration, and depression. Kim (2020) says that educators reported frustration associated with adapting programs based on changes related to the pandemic, however, no further evaluation of the mental health impacts of the pandemic on educators was mentioned. It is the context that contributes to the holistic and more accurate understanding of the individual; i.e., the systems view is holistic and attuned to targeted interpersonal relationships and stresses the reciprocity of behaviours between the people (Turner, 2017). Kwon et al. (2022) confirm that teachers reported worries related to financial and job security as well as the sustainability of their centre during closure. Lower attendance due to caregivers’ inability to pay user fees, fear of children becoming infected, and reduced capacity led to financial difficulty, loss of large numbers of trained and experienced Early Childhood Education and Care (ECCE) practitioners, and permanent closure of several services (McNair et al., 2022). Generally, good health represents a state of positive interaction among the various spheres, and ill health represents a disruption of that satisfactory interaction (Weick, 1981).

SUBTHEME: 1.3 PROFESSIONAL TRAINING OF ECD PRACTITIONERS DURING COVID-19

The participants revealed that as ECD practitioners, they were not accorded any formal training in preparation for the changes that were brought about by the COVID-19 pandemic. Most practitioners confirmed that they migrated to technology, however, there was no formal training provided to them they relied solely on social media for what needed to be done and they would develop their ideas to add on what they have learnt on media to implement it in the classrooms. The ECD practitioners were challenged in the sense that they were not taught what to do but the expectation was that they had to continue sending educational material to the parents and explain what to do, the parents themselves struggled with some not knowing what and how to do the schoolwork of the children. In all essence, there was no training provided to the ECD practitioners.

Participant 5: *“We were not provided with any training, but social media greatly helped us”.*

Participant 6: *“We will watch TV with the 5 children that we had at least they can see how to prevent or do social distancing”.*

Participant 7: *“There was no training, but we shared ideas with other principals from other preschools and came up with ideas on what to do”.*

A study conducted by Jones (2020) reveals that for preschool teachers, issues of technology and the internet were the dominant challenges. Hemmerich et al. (2021) say that many Early Childhood Education and Care (ECEC) professionals lack knowledge and competencies in dealing with pandemics in professional practice, including adopting information and communication technologies (ICT) for educational purposes. According to Buell et al., (2020), the ability to create a classroom environment that makes curricular content accessible for all children is essential for Early Childhood Care and Education (ECCE). Well-trained, highly qualified and engaged practitioners are instrumental contributions to a rich, meaningful educational environment (Sollars, 2022). Weick (1981) says recognising one’s ability to change as a personal power reinforces the notion that people can act upon themselves in a way that strengthens them. The educational profession is a complex profession that implies continuous professional development, autonomy and responsibility, and educators are expected to have developed various competencies (Vekić-Kljaić & Mlinarević, 2022). This is in contrary to what has happened with the ECD practitioners during the COVID-19 pandemic. Professional development or training was at its lowest level to almost non-existent during the COVID-19 pandemic. The ecological system is the closest environment to a child and includes the structures that the child has direct contact with (Berk, 2000). Therefore, the ECD practitioners as a supporting structure to the child’s development must be well equipped with the necessary knowledge and skills. Unfortunately, at the height of COVID-19, such services were scarce.

SUB-THEME 1.4: COMMUNICATION CHALLENGES BETWEEN PARENTS AND ECD PRACTITIONERS DURING COVID-19

The data reveals that the existence of the COVID-19 pandemic has caused unexpected changes across all sectors of the globe. Participants indicated that there was a shift in ways of communication, how children were engaged in the lesson plans and how the practitioners could reach parents and children to ensure continuous learning and development of children during

the COVID pandemic. The ECD practitioners found it very hard to reach out to the parents for assistance in the learning and development of the children.

Participant 5: *“The education did not stop, it continued, we continued teaching and we would send lessons to the parents, and they had to give feedback and show us videos when we came back, we polished even though we were continuing with COVID-19 regulations.”*

Participant 9: *“We created a WhatsApp group with the parents. For those who did not have WhatsApp group, we had small books inside the children’s bags, something like a diary we would write the message in the book and tell the children to show mommy when they got home.”*

Participant 3: *“Well, it was such a difficult moment or time but that was the only way to communicate with parents, teachers, as well as children. We just continuously sent work to parents for kids to do during that moment and we created WhatsApp to use it as a way of communication.”*

Chen (2016) confirms that effective teacher-parent communication has been recognized as a building block of positive teacher-parent partnerships. In systems theory, “feedback loops” (circles of response from which there is a return flow of information into the system) are operating, and information is being processed through the system (Turner, 2017). However, Jones (2020) confirms that preschool teachers found it difficult to connect with students and keep them engaged with online schooling/remote learning. It is the power of communication which decides whether the postal system is functioning as an administrative system built on norms or not (Kihlström, 2012). Buell et al. (2020) confirm that, although ongoing informal communication is necessary, formalizing communication mechanisms increases the likelihood that communication occurs over time and circumstance. Timmons et al. (2021) say moving to remote teaching and learning contexts means that if social interactions are happening, they are only occurring through online video meetings, where it is difficult and arguably impossible to develop the pro-skills for which a play-based early learning environment naturally allows.

5.3 THEMES AND SUB-THEMES

TABLE 5.3: THE AVAILABILITY OF SUPPORT PROVIDED TO EARLY CHILDHOOD PRACTITIONERS DURING THE COVID-19 PANDEMIC

THEMES	SUB-THEMES
2. The availability of support provided to Early Childhood practitioners during the COVID-19 pandemic.	2.1 Allocation of resources including technology and general supporting material. 2.2 Community and parent involvement in support of the ECD practitioners during COVID-19. 2.3 Initiatives by colleagues in support of the ECD practitioners.

5.3.1 MAIN-THEME 2: EXPLORING THE AVAILABILITY OF SUPPORT PROVIDED TO ECD PRACTITIONERS DURING COVID-19 PANDEMIC

The COVID-19 pandemic was never anticipated. Many countries including South Africa were never ready for such a pandemic, preventative measures were implemented to curb the spread of the virus however the resource allocation to the ECD practitioners was not satisfactory. Teachers and children in advantaged areas were advanced in terms of resources for teaching and learning during the height of the COVID-19 pandemic, whereas the disadvantaged schools suffered a loss as they could not have access to the resources needed at the time.

SUBTHEME 2.1: RESOURCE ALLOCATION

It was indeed a difficult time for the ECD practitioners, particularly those working for unregistered ECDs. The financial and digital support resources seemed to have been the most scarce in the profession during the COVID-19 pandemic. The ECD practitioners, however, acknowledged the food parcels from the government which they received as community members. Some ECD centres had enough resources in such a way that they would not find it hard to reach out to their beneficiaries. Some ECD centres received donations of smartphones, but it was not for everyone and therefore most centres had to use their phones for the lessons with the children.

Participant 7: *“Yes, we did receive support. I thank God because we would share with others what we were getting. We used to receive food parcels and distribute them to the parents and community so had such support and appreciated that support from the Government”.*

Seemingly the ECD centres that were unregistered suffered the most whereas registered ECD centres endured support throughout the pandemic.

In contrary **Participant 9** stated that: *“Yes, there was nothing at all, even the food parcels, anything, any support, there was nothing at all. We were supposed to wait for small salaries”.*

Furthermore, **Participant 6** said: *“The money to buy data would be a challenge.”*

Participant 5: *“The support that we got from our principal was that when they cook, they will cook enough food then if we go home, we can just pack the food and then we go with it to home. That was a support.”*

The teachers and children in the advantaged contexts were well equipped with the necessary digital infrastructure, digital devices, and human resources to cope with online learning (Ebrahim et al., 2021). Saavedra (2020) confirms that the new method of learning is also widening the level of access to education between the poor and the rich through the digital divide. Ryan (2001) says that technology has changed our society, and while we are taking great pains to safeguard the physical environment from damage done by technology, we have spent no resources to provide similar safeguards to the damage done to our societal environment. Härkönen (2001) argues that at the time when we are so much engaged in defending our physical environment against the curses of technology, we have not done a thing to reach a similar state of security in the environment of our social life. The study findings reveal that the ECD practitioners suffered emotional, physical, and financial with no relief provided by the SA Government. In some ECD centres, resources can come in various forms, but at the foundation, a lack of sustainable funding can demotivate and make ECD teachers frustrated a lot (Ngumbi, 2022). According to the person-in-person-in-environment approach, the issues of resources experienced by the ECD practitioners during the COVID-19 pandemic may not necessarily be resolved in isolation and therefore it's important to know and understand the connections between systems within the environment that can assist in creating a sustainable intervention for all the practitioners.

SUBTHEME 2.2: COMMUNITY AND PARENT INVOLVEMENT IN SUPPORT OF THE ECD PRACTITIONERS DURING COVID-19

The COVID-19 pandemic caused so much panic, stress, and anxiety to everybody. The parents too were taken by storm by the existence of this virus. The parents had to play many roles, that of parenting and teaching. It became a big challenge because some parents were not well equipped with the Early Childhood programme and were not emotionally ready to do home-learning lessons with their children. The learning environment was compromised in such a way that even the parents could not provide sufficient support to the ECD practitioners as was needed at the time.

Participant 9 *“There was a challenge because some of the parents were not responding”.*

Participant 6: *“With us, some of the parents that were still working at that time would provide sanitisers for their kids, they knew that we did not have money to buy sanitisers so they would buy them.”*

Participant 10: *“From my centre what we did was that we contributed funds and asked parents to get colourless masks with shade because we did not have the support that you are talking about. That was better for us because we did not have dividers. We used it as our divider”.*

Tyilo et al. (2017) say that more often than not, ECD practitioners encounter challenges in providing quality access to ECD since the parents, as the primary support structure, often distance themselves from participating in children’s education. Families function within a complex system in which they impact and are impacted by interrelated components, including characteristics of individuals, the context in which individuals develop, and time (Bronfenbrenner, 1979). The findings confirm lack of parental involvement in the child’s education was minimal during COVID-19. Buell et al. (2020) confirm that understanding the family’s connections in the community and the other services and support they receive will also allow the Early Childhood Care and Education (ECCE) professional insight into ways to support the family. Similarly, (Dini, 2021) emphasizes that parents must not only be educators as parents but also act as teachers in formal education. Jones (2020) reports that balancing working from home and supporting children was the number one challenge for parents.

SUBTHEME 2.3: INITIATIVES BY COLLEAGUES IN SUPPORT OF THE ECD PRACTITIONERS

The COVID-19 pandemic was the most difficult time for everyone, however, some thought about the others. During the discussions, it came out strongly that the ECD practitioners were supporting each other, not only for the educational material but also in other ECD centres preparing meals for everybody including the practitioners. Standard operating procedures were developed during the pandemic in support of the ECD centres. The teaching lessons had to incorporate some of the standards recommended for the ECD practitioners, the expectation was that they had to do temperature tests on arrival of the children at the centre, sanitize and ensure regular hand washing, they had to ensure that the children are social distancing and wearing their masks all the time.

Participant 1: *“I was not working, not putting something on the table, it was difficult, so my principal created a cooking group at the creche, and she organised us to come and cook for the community.*

Participant 5: *“The support that we got from our principal was that when they cook, they will cook enough food then if we go home, we can just pack the food and then we go with it to home.*

Participant 7: *“The support that we received was meant to be distributed to the community and parents because some of the parents were not working. Instead, we would tell them to tell someone to collect the parcels.*

The need for social relief increased dramatically during the COVID-19 crisis when families were unable to generate income or rely on their networks for support, and endured for longer than anticipated (Van Der Berg et al., 2022). Hedegaard (2009) says a person contributes to his institutional conditions and the perspective of his society; therefore, institution and person both have to be conceptualized as contributing to practice in a theory of children’s development. Transactions between systems also have a marked influence on the realities of children and families (Bronfenbrenner, 1979). The findings confirm that ECD policies were seen to be in favour of ECD centres that are already in the system and have excluded many which have been deemed unregistered at the time of the COVID-19 pandemic. Policy responses to the COVID-19 pandemic radically restricted mobility, with almost every country requiring children to remain within households during lockdowns: education and other services were either stopped or, if available, often only through online learning (OECD, 2020). Arndt et al.

(2020) say that a struggling economy contracted further, exacerbating poverty and food Social Inclusion, particularly for the most vulnerable sectors of society.

5.4 THEMES AND SUB-THEMES

TABLE 5.4: THE EFFECTIVENESS OF SUPPORT SERVICES IN ADDRESSING THE NEEDS OF ECD PRACTITIONERS DURING THE COVID-19 PANDEMIC

THEMES	SUB-THEMES
3. The effectiveness of support services in addressing the needs of ECD practitioners during the COVID-19 pandemic.	3.1 ECD practitioners' views and opinions on satisfaction with the support provided. 3.2 The impact of support services on the practitioner's well-being. 3.3 The accessibility of support services provided to the ECD practitioners during COVID-19. 3.4 Challenges that the ECD practitioners faced in assessing the support services. 3.5 Quality of Education Provided by ECD Practitioners during the COVID-19 Pandemic.

5.4.1 MAIN THEME 3: THE EFFECTIVENESS OF SUPPORT SERVICES IN ADDRESSING THE NEEDS OF ECD PRACTITIONERS DURING COVID-19 PANDEMIC

Every child has a right to education (Assembly, 1989). Despite the unpleasant changes that were brought about by the vicious COVID-19 pandemic, education had to continue, children had to be taught, children had to be well cared for and children's needs had to be met as expected. Measures in the ECD sector had to be put in place to ensure that the right to education is implemented amid the pandemic. For the practitioners to provide such services they needed resources such as smartphones, and internet connections (data). Even though the South African Government introduced the ECD Stimulus Relief Fund packages does not seem to have reached all the practitioners, from the group discussions, the practitioners highlighted in so many words that they lacked financial support.

SUBTHEME 3.1: ECD PRACTITIONERS' VIEWS AND OPINIONS ON SATISFACTION WITH THE SUPPORT PROVIDED

The ECD practitioners from the discussion groups highlighted the unequal or unfair distribution of resources. They felt that the ECD centres that were not registered during the COVID-19 pandemic were unfairly treated and the resources provided were meant for the few, seemingly resources were meant for those that were already on the system.

Participant 6: *"I think they were not distributed equally because some of the schools did not have it. I thought it was a case of whether you were known."*

Participant 7: *"I think some people were registered; some were private. Those that are not registered are not known in the system but those that are registered were able to get sanitizers."*

Participant 1: *"No, it was not for all, only the centres that were sponsored with mobile phones were able reach to parents and children."*

The availability of teaching and learning resources in ECDs is aimed at developing quality and innovative education that facilitates the development of numeracy and literacy skills from a young age (Du Plessis & Conley, 2007). Eadie et al. (2022) reveals that in Australia even with the provision of temporary financial relief from the state and federal governments (the ECEC Relief Package and the Job Keeper payment scheme which were designed to support employers and employees during the lockdowns), large numbers of casual early childhood educators were not eligible under the scheme. In South Africa, McNair et al. (2022) say that the introduction of state relief through an ECD Employment Stimulus Relief Fund package was significantly delayed with applications starting in early 2021. The ECD practitioners did not receive any support from the South African government during the height of the COVID-19 pandemic. The ECD practitioners were not fully aware of the state relief, and none of them during the discussion could confirm receiving any state relief meant for the ECD sector during the COVID-19 pandemic.

SUBTHEME 3.2: THE IMPACT OF SUPPORT SERVICES ON THE PRACTITIONER'S WELL-BEING

The support services received were minimal to non-existent. The fact that there were limited support services provided to the ECD practitioner had severely impacted their well-being. The ECD practitioners struggled to cope with the COVID-19 pandemic and could not provide for

their families. The ECD practitioners survived with the school fees and with the existence of COVID-19 then the number of children dropped down and reduced the salaries into stipends.

Participant 8: *“We did not get support at all”.*

In contrary **Participant 3** said: *“Yes, we did receive support. I thank God because we would share with others from what we were getting. We used to receive food parcels and distribute them to the parents and community so had such support and appreciated that support from the Government”.*

Furthermore, **Participant 6** narrated that: *“We used to get it from the church at Christ Embassy, they would deliver for us on Sundays so that we could have it for our school”.*

The COVID-19 pandemic drastically affected the entire ECD sector and left it exposed leaving the practitioners at the forefront with no assistance from the government (Kim et al., 2024). Early childhood educators were positioned at the forefront of the crisis, contending with declining funding and policy changes while adapting their services to meet the changing needs of children (Eadie et al., 2022). In line with the Ecological model, the macrosystem can be thought of as a societal blueprint for a particular culture, subculture, or other broader social context (Härkönen, 2001). Despite expectations that the South African government would assist the sector in recovering from the pandemic, instead of throwing the sector a lifeline, the government elected to push it nearer the edge of dysfunctionality and extinction through a lack of support and the imposition of conditions ECD centers would struggle to meet (Vorster, 2020).

SUBTHEME 3.3: THE ACCESSIBILITY OF SUPPORT SERVICES TO THE ECD PRACTITIONERS DURING COVID-19

The findings of this study showed that the accessibility of support services was minimal to almost nothing. The ECD practitioners indicated the non-existence of support for them during the COVID-19 pandemic. The issue of support services caused a heated argument during the discussion group. Most participants felt that no support was provided by their employers or the government. Very few practitioners confirmed that they were doing well and supported by their employers.

Participant 3: *“It was only for the privileged centres in the sense that we know there are centres that can get what they were not able to. Some principals were asking that if you get it, please don’t remember us because we need and haven’t got any sponsors or donors. Other centres were benefiting, and some were left out, they did not get the subsidy or anything. It was difficult during COVID-19 times to live their lives.”*

Participant 8: *“There was nothing at all, I remember during COVID time our social worker was busy giving out the DSD money, but we did not get it”.*

Participant 6: *“We no longer get sponsors, we used to get mealie meals, lunch and sometimes veggies and fruits but not anymore, we pay from our pockets”.*

A study conducted in Cape Town by Pearce (2023) reveals that ECD-centre operators could not pay salaries, rent, loan repayment and other expenses, and so were trapped in a vicious cycle, facing potential permanent closure. Similarly, a study was done in Eswatini by (McNair et al., 2022) confirms that whilst the government provided some relief in the form of food packages, and emergency relief funds, these were poorly planned and coordinated, and thus did not reach most of the intended recipients. Ebrahim et al. (2021) say that the lack of support from the government had a greater impact on ECD centres in vulnerable communities. According to (Turner, 2017, p 289), when people feel positive about their capacities and hopeful about having their needs and aspirations fulfilled, and when they view their environmental resources as responsive, they are likely to achieve a reciprocally sustaining condition of adaptedness.

SUBTHEME 3.4: CHALLENGES ECD PRACTITIONERS FACED IN ACCESSING THE SUPPORT SERVICE DURING THE COVID-19 PANDEMIC

The impact of the COVID-19 pandemic was so huge in so much that it revealed many inequalities in the ECD sector. The ECD practitioners were amongst many who suffered the repercussions of the pandemic. The ECD practitioners from the unregistered ECD centres were not recognised and have been significantly impacted. The registration status seemed to have played a big role in determining who qualifies to get Aid from the Government.

Participant 8: *“Like on my side, the main problem is our principals, they do not register us.”*

Participant 6: *“If we were registered before COVID we were not going to get such issues such as struggling for money to buy bread etc. Maybe if we were registered, that time we were not working we would receive something until COVID-19 is over”.*

Participant 7: *“I think people some were registered, some were private. Those that are not registered are not known in the system but those that are registered were able to get sanitisers”.*

The COVID-19 pandemic compounded risks experienced by vulnerable populations in low-resource settings due to increased socio-economic challenges, including reduced household income and lack of access to basic services (Atilas et al., 2021). Worse, the government continued its policy of not recognizing the existence of unregistered ECD centers and denying them access to the government subsidy (Bayat & Madyibi, 2022). Unfortunately, the broader economic relief packages put in place to support a largely formal labour market through income protection schemes such as the Temporary Employment Relief Scheme (TERS), were simply out of reach for the majority of the ECD sector (Wills et al., 2020).

SUBTHEME 3.5: QUALITY OF EDUCATION PROVIDED BY ECD PRACTITIONERS DURING THE COVID-19 PANDEMIC

A good learning system needs to be supported with all the necessary resources which assist the ECD practitioners to carry out their duties. With the existence of COVID-19, spaces of learning, educational material and emotional support from peers, family members and community were neither here nor there. The quality of education during COVID-19 was compromised. The lesson plans were adjusted to accommodate the COVID-19 regulations. With the limited support, the ECD practitioners were limited to rendering appropriate education programmes for example before COVID-19 the practitioners were free to implement their programme with nothing hindering them from doing practical either. The quality of education was deemed poor by the ECD practitioners who confirmed that with a lack of interpersonal relationship between the teacher and the child, there was no learning taking place. The extracts below are evidence of what the practitioners experienced during the pandemic.

Participant 6: *“During COVID, it was a big challenge even for the kids. With my understanding kids understand easily when they are together, and they could even share information that Mam said this and that. If she or he is alone it becomes difficult and it was difficult for them too.”*

Participant 5: *“Some children are slow learners; they need one and you need to explain until they understand what to do. With COVID, you would just explain everything on the phone, and it would be their responsibility to make sure that work is done”.*

Participant 3: *“First, I think it was limited, it was poor education as compared to what we used to do before in the sense that the interpersonal relationship of a teacher and the child is very important.”*

Jalongo (2021) says that a good learning system will produce good-quality learning. Quality has been identified as a process of conforming to norms and something that can be achieved when working in a desired way (Moss, 2016). Sollars (2022) further explains that quality services require knowledgeable, engaged, competent, committed, and confident practitioners who can create and design stimulating learning experiences and environments; respond to children’s needs sensitively and invest time and energy in building solid relationships with the children and their families. Beach and Bertrand (2009) confirm that education values lifelong learning and recognizes that children are learners from birth.

5.5. CONCLUSION

This chapter presents and discusses findings according to the objectives. Literature that either supports or contradicts the findings was also provided in discussing the findings. The chapter highlighted the impact of the COVID-19 pandemic on ECD practitioners. The ECD practitioners detailed the experiences that they came across during the COVID-19 pandemic, and how they suffered amid COVID-19 without assistance provided to them as practitioners. The ECD practitioners highlighted the inadequacy of resources in support of their functions or duties as the practitioners, they lacked financial support, educational material needed at the time which includes the smartphones for lessons. There was no training provided to the ECD practitioners. The practitioners utilised media and social networks on what to do and the measures that needed to be put in place in the classrooms to minimise the spread of the virus.

CHAPTER SIX

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

A summary of the findings and the conclusions which were drawn from the findings are presented in the current chapter. Furthermore, this chapter presents the recommendations of the study. Suggestions for further studies are also offered.

6.2 MAIN FINDINGS

The data was collected from the ECD practitioners who work for ECD centres in Diespsloot, Gauteng and the key findings of the study that emerged during the process of data collection are discussed based on the subthemes of the study.

The ECD practitioners indicated that the COVID-19 pandemic forced them to transition from face-to-face learning to online learning, however, the medium of online interaction available to them at the time was WhatsApp through group calling.

The COVID-19 pandemic brought so much distress into the lives of ECD practitioners at a professional level, it increased the workload and administrative tasks (screening, sanitization, and maintenance of social distancing) and at a personal level, it reduced financial income with high costs of living and caused emotional pain due to loss of loved ones.

According to the data collected, no formal training was provided to the ECD practitioners for remote learning. The participants confirmed that they had to capacitate themselves to implement the lesson plans in the classroom.

The communication processes were significantly affected by the COVID-19 pandemic with the transition from face-to-face to online learning, it became a barrier to the learning process as the practitioners struggled to reach out to the parents who were either able to receive the WhatsApp messages or not due to the accessibility of the smartphones.

Based on the study findings, practitioners received minimal support from the parents and community during the COVID-19 pandemic. The study reveals that the parents lacked knowledge and understanding of teaching and learning during the pandemic and thus could not

provide sufficient support to the ECD practitioners. Failure to meet the basic requirements for early learning led to poor quality of education during the COVID-19 pandemic.

There were no means of generating income and that exacerbated the poverty amongst the ECD practitioners. With that, ECD principals were forced to generate social relief mechanisms in the form of soup kitchens and food parcels to support their ECD practitioners during the height of the pandemic.

Furthermore, it was revealed that the resources provided by the South African Government during the COVID-19 pandemic were unfairly distributed, and many ECD practitioners were left out. The Stimulus relief fund provided by the Department of Social Development was out of reach for the unregistered ECD centres and only favoured those on the system. The registration status of the ECD centres signifies whether the ECD centre will have access to support services or not, furthermore, government policies are not recognising the unregistered ECD Centres. ECD practitioners were at the forefront of the pandemic, and the virus had a dire impact on their well-being. The ECD practitioners could not cope with changes that were brought about by the COVID-19 pandemic as they directly affected their livelihood.

The privileged ECD centres were able to access the support services, however, support for the disadvantaged ECDs remained non-existence. Government non-involvement has caused more harm to the livelihood of the ECD practitioners.

6.3 CONCLUSIONS

This chapter summarises the main findings of the study which stemmed from the following subthemes; the experiences of the ECD practitioners in transitioning from face-to-face to online learning, the impact of the COVID-19 pandemic on mental health and well-being of practitioners during COVID-19, professional training, communication challenges experienced by the ECD practitioners, resource allocation community and parent involvement, initiatives by colleagues in support of ECD practitioners, the views and opinions on satisfaction with the support provided, the impact of support services on the practitioners well-being, obstacles faced by ECD practitioners in accessing the support services and quality of education provided.

The quality of education significantly deteriorated during the COVID-19 pandemic; the lack of interpersonal relations made it worse because the ECD practitioners could not observe the learning process, and the child and teacher interaction was compromised during the COVID-

19 pandemic with no formal training provided for the ECD practitioners. Communication processes were weak with parents and ECD practitioners finding it hard to reach out to the children and parents. The practitioners were distressed with their livelihoods at stake. The lack of support from the government worsened the situation and caused a dire impact on the well-being of the ECD practitioners. The Aid that the ECD practitioners can recall of was from their colleagues in the form of soup kitchens and food parcels. The ECD practitioners were not pleased with how the government handled the distribution of resources, it was an unfair process which favoured certain groups and excluded others. There was unequal distribution of resources with the registered ECD centres being prioritized. The services provided were not accessible and rather excluded many, only accessible to the ECD centres that were already on the system at the time of the COVID-19 pandemic. The issue of the registration status of the ECD centres remains a stumbling block to accessing the resources meant for the ECD practitioners.

The chapter also provided key recommendations for the Department of Education (DoE), Key stakeholders within the ECD sector and the Government. This study discovered that the ECD sector was not ready for viruses such as COVID-19. The COVID-19 existence exposed the already vulnerable sector. The inequities in terms of status and who gets access to the resources came forth, whilst the social relief fund that was meant to be paid to ECD practitioners never reached the persons it intended to. The ECD practitioners were strained throughout the pandemic, self-equipping themselves with the knowledge and skills to deal with the COVID-19 pandemic.

6.4 RECOMMENDATIONS

Recommendations for the Department of Basic Education

- The Department of Basic Education should develop a hybrid teaching system, for example, a technological and classroom environment. This should be rolled out to the ECDs to enable them to continue operating in case another disaster like that of COVID-19 strikes again.
- The Department of Basic Education should develop an emergency/disaster framework that will guide undesirable future events such as the COVID-19 pandemic. A training should be provided to the ECD practitioners and relevant stakeholders.

- The Department of Basic Education should raise awareness about the importance of registering ECD centres to have access to state support.
- The Department of Basic Education should strengthen its oversight of the ECD, capacitate the ECDs to be more marketable and develop tools to generate income to ensure that they are self-sustainable in the future.

Recommendations for future research

- This study used a qualitative approach with a small sample size and within a specific geographic area. For future studies, the researcher suggests a mixed methods approach which will lead to a comprehensive research study. This will strengthen the validity of the data collected and that; rich data would have been collected.
- The researcher further suggests that a study be done on the same topic but in different locations or provinces for comparative analysis to be made on findings discovered in different locations.
- The population can be broadened to the ECD principals, the stakeholders within the ECD sector and the Department of Education which is the custodian of the ECD programme.

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APPENDICES

APPENDIX A: CERTIFICATE OF COMPETENCE IN RESEARCH ETHICS

CERTIFICATE OF COMPETENCE IN RESEARCH ETHICS	
Name: Amanda Motsikoe Student/Staff No: 2697829	
Date of Certification: 13 September 2023 - 12 September 2026 (This certificate is valid for a period of three years)	
TRAINED BY: PROFESSOR JASPER KNIGHT (RESEARCH ETHICS) SIGNATURE <i>J. Knight</i>	ISSUED BY: DR ROBIN DRENNAN (DIRECTOR: RESEARCH OFFICE) SIGNATURE <i>[Signature]</i>
UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG	
This certificate is confirmation of successful completion of a training course in Research Ethics for Non-Medical human research, based upon achieving a minimum level of competence in different assessment tasks	

APPENDIX B: ETHICAL CLEARANCE CERTIFICATE



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE **CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)**

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW23/06/05

PROJECT TITLE

An investigation of the impact of the COVID-19 pandemic on traditional operations of Early Childhood Development Practitioners in Diepsloot, Gauteng Province

INVESTIGATOR

A MATSIKOE

SCHOOL/DEPARTMENT OF INVESTIGATOR

SOCIAL WORK

DATE CONSIDERED

18 August 2023

DECISION OF THE COMMITTEE

Approved unconditionally

RISK LEVEL

LOW RISK

EXPIRY DATE

VALID FOR TIME FRAME OF THE ENROLLED DEGREE ONLY

ISSUE DATE OF CERTIFICATE

14 March 2024 **CHAIRPERSON**


(DR L PETERSEN)

cc: Supervisor: Dr Z Ntshongwana

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature

Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX C: LETTER OF APPROVAL FROM GAUTENG DEPARTMENT OF EDUCATION



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	06 September 2023
Validity of Research Approval:	08 February 2023– 30 September 2023 2023/401
Name of Researcher:	Motsikoe, A
Address of Researcher:	6717 A, Robin Avenue Thatchfield Hills
Telephone Number:	0744933511
Email address:	2697829@wits.ac.za
Research Topic:	An investigation of the impact of the COVID-19 pandemic on traditional operations of Early Childhood Practitioners in Diepsloot, Gauteng Province.
Name of University:	University of Witwatersrand
Type of qualification	Masters
Number and type of schools:	6 ECD
District/s/HO	Johannesburg North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to the research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

APPENDIX D: PARTICIPANT INFORMATION SHEET



An investigation of the impact of the COVID-19 pandemic on traditional operations of Early Childhood Development Practitioners in Diepsloot, Gauteng Province

Dear Sir / Madam

My name is Amanda Motsikoe, I am a master's student in Occupational Social Work at the University of the Witwatersrand, Johannesburg. My supervisor is Dr. Zintle Ntshongwana. I am conducting a research study about the impact of the COVID-19 pandemic on the traditional operations of ECD Practitioners. The study title is an investigation of the Impact of the COVID-19 pandemic on traditional operations of Early Childhood Development Practitioners in Diepsloot, Gauteng Province.

I am inviting you to take part in a focus group. If you decide to take part, your participation in this research study will last about 60-90 minutes. The focus group discussion will occur on Saturday, 18.05.2024, and 25.05.2024 at Diepsloot Community Hall from 10h00-12h00. I would like to audio record the focus group with your permission. This data will be stored in safety devices for 2 years and/or deleted after 2 years. Only the researcher will have access to the data. During the research activity, I will need to ask for some personal information about you, including your background and demographics. Whilst gathering information, the researcher will also make observations of the behaviours and attitudes of the participants.

With your permission, I would like to audio/video record the focus group. This Data will be stored in a safe device for 2 years and/or deleted after 2 years. Only the researcher will have access to the data.

Please take note that confidentiality during the focus group discussions will not be guaranteed, however, I guarantee that the research study results will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this study, but your name and personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. If you do not have to take part, you can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. Taking part in the research study will not cost you anything. You will not be paid for being in this research study. Your transport costs to the Community Hall and time spent attending the focus group will be reimbursed to a maximum of R150.00

The risks for this research study are no more than what happens in everyday life. Some of the questions asked may make you feel sad or upset. If this happens, I will stop the focus group and continue another time. Should there be a need for counselling sessions, Ms Lerato Marwa from the Department of Social Development is willing to offer face-to-face counselling free of charge and she can be contacted at 066 2913465.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or after this research study, feel free to contact me or my supervisor at the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), by telephone at +27(0) 11 717 1408, email hrecnonmedical@wits.ac.za.

Yours sincerely,

Amanda Motsikoe

Researcher:

Amanda Motsikoe, 2697829@students.wits.ac.za, 0744933511

Supervisor:

Dr. Zintle Ntshongwana, zintle.ntshongwana@wits.ac.za, 011-7174482

APPENDIX E: FOCUS GROUP DISCUSSION GUIDE



Title: An investigation of the impact of the COVID-19 pandemic on traditional operations of Early Childhood Development Practitioners in Diepsloot, Gauteng Province

Introduction

As a Social Work Master's student at the University of the Witwatersrand under the School of Human and Community Development, I am obliged by the university rules and protocols to undertake an academic research study. My research focus is on "investigating the impact of the COVID-19 pandemic on the traditional operations of Early Childhood Development Practitioners". The main purpose of this study is to explore the experiences of the ECD practitioners pre- and post-COVID-19. This focus group will take approximately 60-90 minutes. The information gathered during the focus group sessions is meant for academic purposes. You are therefore requested to feel free to participate in this study. Please be informed that your participation in the study is voluntary and therefore, there will be no incentives paid to the participants. The participants will not be held against their will and therefore are free to withdraw their participation at any stage and their contributions will be removed from the data collected.

SECTION A: Demographics

1. Age
2. Gender
3. Race
4. Qualification
5. Work Experience as an ECD practitioner.
6. Position

SECTION B: The experiences of ECD practitioners pre- and post-COVID-19

1. What were the main challenges faced by ECD practitioners before the COVID-19 pandemic?
2. What are the challenges that the ECD practitioners are faced with post-COVID-19?

3. Were there any positive experiences that they came across?
4. What methods did the ECD practitioners use for teaching and learning pre-COVID-19 pandemic?
5. Were the same methods used pre-COVID-19 applicable post-COVID-19 pandemic?
6. What communication methods did the ECD practitioners utilize with their beneficiaries?
7. What impact did the COVID-19 pandemic have on the emotional well-being of ECD practitioners?
8. What is your general overview or perception of the effects of COVID-19 on the education and care of children?

Section C: The availability of support services that were provided for ECD practitioners pre- and post-COVID-19

1. Was there any form of support service provided to the ECD practitioners pre-COVID-19 pandemic? if yes please indicate the following:
 - a. What kind of support services were provided to the ECD practitioners pre-COVID-19 pandemic?
 - b. Was it adequate? If not, what is it that you would have liked to see?
2. If support was not provided, what is it that you would have liked to see happening to meet your expectation of the provision of support?
3. Did the services provided remain the same post-COVID-19 pandemic?
4. Were the services provided addressing the needs of the ECD practitioners?
5. How accessible were these services to ECD practitioners?
6. Were there any new support services introduced to address the needs of the ECD practitioners?

SECTION D: Effectiveness of support services in addressing the needs of the ECD practitioners

1. How effective were the support services provided to the ECD practitioners pre-COVID-19?
2. What significant role did the support services play in their professional development and as well as their well-being?
3. How well were the support services managed in ensuring that they are equally distributed to all the ECD practitioners?
4. Do you think proper procedures were being followed in addressing the needs of the ECD practitioners pre-COVID-19?
5. How would you evaluate the overall quality of education provided during pre- COVID-19 pandemic?
6. How would you evaluate the overall quality of education provided post-COVID-19 pandemic?

APPENDIX F: CONSENT FORM

Title of project: An investigation of the impact of the COVID-19 pandemic on traditional operations of Early Childhood Development Practitioners in Diepsloot, Gauteng Province

Name of researcher: Amanda Motsikoe

I, ..., agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study	YES	NO
I agree that the interview/focus group/other activity may be audio-recorded	YES	NO
I agree that direct quotations from my interview/focus group/other activity may be used by the researcher in their research report/manuscript/book chapter	YES	NO
I agree that my participation will remain anonymous (my name or other identifying data will not be used by the researcher in their research report/manuscript/book chapter)	YES	NO
I agree that other researchers may use the information I provide in my interview/focus group/other activity (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on	YES	NO

..... (signature)

..... (name of participant)

..... (date)

..... (signature)

..... (name of researcher/person seeking consent)

..... (date)

APPENDIX G: PERMISSION LETTERS FROM ECD CENTRES

KGANYA DAY CARE
CENTRE (1).pdf



LITTLE SAINTS.pdf



MOTHER TOUCH
ACADEMY.pdf



NEEDY KIDS.pdf



NEEDY KIDS.pdf